2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164764

Entity Name: GACHELIN ENTERPRISES, INC.

FILED May 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6757 PETUNIA DRIVE 20444 NW 11TH AVE

MIRAMAR, FL 33023 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

6757 PETUNIA DRIVE 20444 NW 11TH AVE

MIRAMAR, FL 33023 MIAMI GARDENS, FL 33169

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GACHELIN, LOUIS
6757 PETUNIA DRIVE
GACHELIN, LOUIS
20444 NW 11TH AVE

MIRAMAR, FL 33023 US MIAMI GARDENS, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/10/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHRM () Delete Title: CHRM (X) Change () Addition

 Name:
 GACHELIN, LOUIS
 Name:
 GACHELIN, LOUIS

 Address:
 6757 PETUNIA DRIVE
 Address:
 20444 NW 11TH AVE

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIAMI GARDENS, FL 33169

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 GACHELIN, LOUIS
 Name:
 GACHELIN, LOUIS

 Address:
 6757 PETUNIA DRIVE
 Address:
 20444 NW 11TH AVE

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIAMI GARDENS, FL 33169

Title: SV () Delete Title: SV (X) Change () Addition

 Name:
 GACHELIN, MARGARET
 Name:
 GACHELIN, MARGARET

 Address:
 6757 PETUNIA DRIVE
 Address:
 20444 NW 11TH AVE

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS GACHELIN CHRM 05/10/2007