2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2007 8:00 am Secretary of State DOCUMENT # P05000060763 1. Entity Name 03-23-2007 90023 047 ***150.00 GIL & JAMIE CORP. Principal Place of Business Mailing Address 10447 SW FIDDLERS WAY 10447 SW FIDDLERS WAY PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2730525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MARK, GILBERT L III 10447 SW FIDDLERS WAY PALM CITY FL 34990 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete 11111 ■ Addition TITLE MARK, GILBERT L III MACK, GILBUT LITT NAMI NAME 10447 S.W. FADDLETS WAY 9125 SW 77TH AVE A805 STREET ADDRESS STREET ADORESS MIAMI FL 33156 CHY-ST-ZIP CITY+S1-7(P PALM CITY, FL. 34990 Change 11111 ☐ Delete TITLE Addition NAMI NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 21111 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP 100 ☐ Detete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP HILL ☐ Delete шш ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-789 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED