## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P05000072022 1. Entity Name 04-26-2006 90186 010 \*\*\*158.75 GAIN USA INC. Principal Place of Business Mailing Address 672 SIESTA KEY CIRCLE 672 SIESTA KEY CIRCLE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 56 25 1604 | City & State City & State Applied For 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 Name RODMAN, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 672 SIESTA KEY CIRCLE #2325 **DEERFIELD BEACH FL 33441** City Zip Code 8. The above named entity submits this statement tenthe 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 registerer SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME RODMAN, CHRISTOPHER NAME STREET ADDRESS 672 SIESTA KEY CIRCLE #2325 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIF ☐ Delete Change □ Addition RODMAN, CHRISTOPHER NAME STREET ADDRESS 672 SIESTA KEY CIRCLE #2325 STREET ADDRESS CITY-ST-ZIP **DEERFIELD FL 33441** CITY-ST-ZIP Detete TITLE THUE VΡ ☐ Change Addition NAME ALDA, ABHI NAME STREET ADDRESS STRUET ADDRESS 672 SIESTA KEY CIRCLE #2325 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD FL 33441** DIR Delete TITLE ☐ Change Addition NAME ALDA, ABHI NAME STREET ADDRESS 672 SIESTA KEY CIRCLE STREET ADDRESS DEERFIELD FL 33441 CITY ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z!P 12. Thereby certify that the information supplied with this filing 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 Charter 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/17/06 954-246-4462 Daytin Phone #