· 2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2007 08:00 Al Secretary of State DOCUMENT # P05000092997 1. Entity Name A1 GNA INVESTMENT, INC. Principal Place of Business Mailing Address 7401 PINES BLVD. 7401 PINES BLVD. APT # 222 **APT # 222** PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3081668 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMS, ROBERT A DO NOT WRITE 7401 PINES BLVD. **APT #222** IN THIS SPACE PEMBROKE PINES, FL 33024 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 little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Funa Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PRES NAME SIMS, ROBERT A STREET ADDRESS 7401 PINES BLVD. APT #222 CITY-ST-7(P PEMBROKE PINES, FL 33024 U000000737260 TITLE 05/11/07-80021-012 150.00 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empoweres 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 agoress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-2IP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 Date Dogma Front 4