2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90451 010 ***150.00

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DOCUMENT # P05000139430

1. Entity Name
GERALIN, INC.

Principal Place of Business	Mailing Address
9395 NASSAU DRIVE MIAMI, FL 33189-1823	9395 NASSAU DRIVE MIAMI, FL 33189-1823

2. Principal Place of Business	3. Mailing Address
25001 S.W. 127 Ave.	25001 S.W. 127 Ave.
Suite, Apt #, etc: #204	Suite, Apt #, etc: #204
City & State: Homestead, FL	City & State: Homestead, FL
Zip: 33032 Country: USA	Zip: 33032 Country: FL

02222006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-3632948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLARY, GERALDINE
9395 NASSAU DRIVE
MIAMI, FL 33189-1823

7. Name and Address of New Registered Agent

Name: no change
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Geraldine McClary Geraldine McClary 4/17/06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLARY, GERALDINE 9395 NASSAU DRIVE MIAMI, FL 331891823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUGHLIN, LINDA 7720 S.W. 175 STREET PALMETTO BAY, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 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.

SIGNATURE: Geraldine McClary Geraldine McClary 4/17/06 305-258-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #