


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90062 034 ***150.00

DOCUMENT # P05000160933	
1. Entity Name FLYING, GYN, INC.	

Principal Place of Business 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	Mailing Address 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154
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40074041



2. Principal Place of Business - No P.O. Box # 9270 W. Bay Harbor Dr.	3. Mailing Address 9270 W. Bay Harbor Dr.
Suite, Apt. #, etc. 2F	Suite, Apt. #, etc. 2F

04162008 Chg-P CR2E034 (12/06)

City & State Bay Harbor Islands, FL	City & State Bay Harbor Islands, FL
Zip 33154	Country USA

4. FEI Number 20-3955606	Applied For <input checked="" type="checkbox"/> APPLIED FOR
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILBERT, JOSE E 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	
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7. Name and Address of New Registered Agent	
Name	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JOSE E 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, MARY L 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gilbert, Jose E <input type="checkbox"/> Change <input type="checkbox"/> Addition Same address change as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gilbert, Mary L <input type="checkbox"/> Change <input type="checkbox"/> Addition Same address change as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose E. Gilbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____