## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90099 039 \*\*\*150.00

DOCUMENT # P06000022938  1. Entity Name G & G EMBEDS, INC						01-29-2007	90099 039 ***150	0.00
Principal Plac	ce of Business	Mailing Address		<del></del>	<del></del>			
1490 PELL RD 1490 PELL RD OSTEEN, FL 32764								<b></b>
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-P	CR2E034 (12/06)	<b>)</b>
City & State		City & State		4. FEI Numbe	4321	380 A	pplied For	
Zip	Country	Zip Coun		ntry		of Status Desired	to 75 .	Iditional
-	6. Name and Address of Curre	ent Registered Agent		T	7. Name and	Address of New	Registered Agent	
				Name				
GILLIS, DAWN 1490 PELL RD OSTEEN, FL 32764			Street Address (P.O. Box Number is Not Acceptable)					
				City			Zin Co.	-1-
				City			FL Zip Coo	Je
	e named entity submits this statemen tions of registered agent.	it for the purpose of changin	g its register	ed office or reg	gistered agent, or both	n, in the State of f	Florida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered as	ent and title if applicable.	(NOTE: Hegistere	ed Agent signature re	iquired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	9. Election Car Trust Fund (		ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
TITLE	D	Delete	TITLE				☐ Change	Addition
NAME	GILLIS, DAWN							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST-ZIP				
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NAME	GILLIS, CHRIS	C Delete	NAM				□ onung¢	
STREET ADDRESS	1490 PELL RD		STRE	EET ADDRESS				
CITY-ST-ZIP	OSTEEN, FL 32764		CITY	- ST- ZIP				
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		☐ Delete	CITY	- S1 - ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CHY THLE NAM STRE CHY THLE NAM STRE	E E E E E E E E E E T ADDRESS -ST-ZIP E				

indicated on this report or supplied with this liling 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 signalure 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: \_

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR