

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90049 039 \*\*\*158.75

<b>DOCUMENT # P06000025028</b>			
<b>1. Entity Name</b> GADGETS & GIZMOS, INC.		<b>Principal Place of Business</b> 1844 FERNANDO DRIVE TALLAHASSEE, FL 32303	
<b>2. Principal Place of Business - No P.O. Box #</b> 1844 Fernando Lane		<b>3. Mailing Address</b> 1844 Fernando Lane	
<b>City &amp; State</b> Tallahassee, FL		<b>City &amp; State</b> Tallahassee, FL	
<b>Zip</b> 32303		<b>Country</b> USA	
<b>4. FEI Number</b> 54-2194380		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b>  BENTON, RICHARD E 1415 EAST PIEMONT DRIVE SUITE 4 TALLAHASSEE, FL 32308	
<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		<b>DATE</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <i>E. Livingston</i> Elizabeth Livingston		Date: 1/8/07 Daytime Phone #: 850-385-3782	