2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2007 8:00 am Secretary of State

DOCUMENT # P06000025853 1. Entity Name GWAAN JAMAICA INC.					07-17-2007 90107 040 ***150.00				
Principal Plac	e of Business	Mailing Address		L	1				
424 E. ORANGE STREET 424 E. ORANGE STREET ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 327			r01		•				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022007	Chg-P		34 (12/06)		
City & State		City & State		4. FEI Numb	"2 7 0131	1837	7 Ap	oplied For ot Applicable	
Zip	Country Zip Cou		Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	Registered A	lgent	
SOLOMON	N, MARCEL			Name	!				
424 E. ORANGE STREET ALTAMONTE SPRINGS, FL 32701			Street Address (P.O. Box Number is Not Acceptable)						
	•								
			City	FL Zip Code					
	named entity submits this statement fi tions of registered agent.	for the purpose of changing its	s register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	and title if applicable (NO	TF Registere	id Agent signatura require	nd when reinstating)		DATE		
Due by September 14, 2007					55.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
D						In accordance of corporation did	with s. 607, not receive	.193(2)(b), e the prior i	F.S., the notice.
10.	ue by September 14, 2007 OFFICERS AND	Trust Fund Con	tribution.	Ādo	ded to Fees	In accordance corporation did	not receive	DIRECTOR	notice. S IN 11
10.	ue by September 14, 2007 OFFICERS AND	Trust Fund Con	11.	Add	ded to Fees	corporation did	not receive	the prior i	notice.
10. TITLE NAME STREET ADDRESS	P SOLOMON, MARCEL 424 E. ORANGE STREET	Trust Fund Con D DIRECTORS Delete	11. TITLE NAM STREE	E EET ADDRESS	ded to Fees	corporation did	not receive	DIRECTOR	notice. S IN 11
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12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer of 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:

M. J. LOMENS SIGNING OFFICER OR DIRECTOR

1/11/07 (407)332-779

Oaytene Phone #