

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067762

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** THE GAGLIARDI GROUP, INC.

**Current Principal Place of Business:**

623 HILLS BLVD.  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

623 HILLS BLVD.  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number:** 20-4932125      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAGLIARDI, MARTIN W  
623 HILLS BLVD.  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GAGLIARDI, MARTIN W  
**Address:** 623 HILLS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** VP  
**Name:** GAGLIARDI, JANIS T  
**Address:** 623 HILLS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** TREA  
**Name:** GAGLIARDI, MICHAEL  
**Address:** 5308 GEORGIA PEACH AVENUE  
**City-St-Zip:** PORT ORANGE, FL 32118 US

**Title:** SEC  
**Name:** NEWELL, MICHELLE  
**Address:** 555 CARO STREET  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTIN GAGLIARDI

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date