2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90033 023 ***158.75

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1. Entity Name
GARDAINYA HANDYMAN SERVICES, INC.

Principal Place of Business	Mailing Address
6802 WOODLAKE DRIVE ORLANDO, FL 32810-3568	6802 WOODLAKE DRIVE ORLANDO, FL 32810-3568

03042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6802 Woodlake Dr	
Suite, Apt. #, etc. Orlando FL	Suite, Apt. #, etc.
City & State	City & State
Zip 32810 Country Orange	Zip 32810 Country USA

4. FEI Number 06 1812660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORIENTALE, JEAN H 6802 WOODLAKE DRIVE ORLANDO, FL 32810-3568	Name Same 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 Jean H Orientale 3/21/08
(Typed or printed name of registered agent and title if officer) (Registered Agent's signature and date when required) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORIENTALE, JEAN H 6802 WOODLAKE DRIVE ORLANDO, FL 328103568	☐ Delete	P S Jean H Orientale 6802 Woodlake Dr Orlando FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VD T Orientale Dana K 6814 Woodlake Dr Orlando FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Jean H Orientale 3/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #