

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100845

FILED
Apr 30, 2009
Secretary of State

Entity Name: GILL INTERNATIONAL ENTERPRISES, INC.

Current Principal Place of Business:

C/O LAVIGNE, COTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR SUITE 100
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

C/O LAVIGNE, COTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR SUITE 100
ORLANDO, FL 32819

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVIGNE, JAMES R ESQUIRE
7087 GRAND NATIONAL DR
SUITE 100
ORLANDO, FL 32819 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: D () Delete
Name: GILL, JAY
Address: 8 DRESWICK CLOSE, CHRISTCHURCH BH23 25Y
City-St-Zip: UNITED KINGDOM, OC

Title: D () Delete
Name: GILL, ELAINE
Address: 8 DRESWICK CLOSE, CHRISTCHURCH BH23 25Y
City-St-Zip: UNITED KINGDOM, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILL, JAY
Address: 6 ST. GEORGES DRIVE;
City-St-Zip: BOURNEMOUTH, ENGLAND, NA B411 8NZ UK

Title: D (X) Change () Addition
Name: GILL, ELAINE
Address: 6 ST. GEORGES DRIVE;
City-St-Zip: BOURNEMOUTH, ENGLAND, NA B4118NZ UK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES R. LAVIGNE

R.A.

04/30/2009

Electronic Signature of Signing Officer or Director

Date