2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132565

City-St-Zip:

JACKSONVILLE, FL 32207

FILED Apr 30, 2008 Secretary of State

Entity Name: GARDINI ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5001 PHILLIPS HIGHWAY, #39 JACKSONVILLE, FL 32207				3506 NORTH SUMMERLIN LN JACKSONVILLE, FL 32224	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
5001 PHILLIPS HIGHWAY, #39 JACKSONVILLE, FL 32207				3506 NORTH SUMMERLIN LN JACKSONVILLE, FL 32224	
FEI Number:	26-2006379	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GARDINI, CLAUDINEY 5001 PHILLIPS HIGHWAY, #39 JACKSONVILLE, FL 32207 US			3506 NORTH SUMI	GARDINI, CLAUDINEY 3506 NORTH SUMMERLIN LN JACKSONVILLE, FL 32224 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: CLAUDINEY GARDINI				04/30/2008	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEREIRA, ALB	S HIGHWAY, #39	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FERREIRA DIA	S HIGHWAY, #39	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	GARDINI, CLA) Delete JDINEY 5 HIGHWAY, #39	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CLAUDINEY GARDINI 04/30/2008 D