## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11384

Entity Name: GYA, INC.

FILED May 16, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
C/O JANET MILLER-SCHMIDT		C/O JANE ESHLEMAN		
2777 LAKE SHORE DR		270 LAFAYETTE STREET		
MANDEVILLE, LA 704485629 US		MANDEVILLE, LA 70448 US		
Current Mailing Address:		New Mailing Address:		
C/O JANET MILLER-SCHMIDT		C/O JANE ESHLEMAN		
2777 LAKE SHORE DR		270 LAFAYETTE STREET		
MANDEVILLE, LA 704485629 US		MANDEVILLE, LA 70448 US		
FEI Number: 59-2129669 FEI Number Applied For ( ) FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the Name and Address of Current Registered Agent:		' <del>-</del> '		
JONES, CA 412-A COB FORT WAL	ALVIN III RA AVENUE TON BEACH, FL 32548 US named entity submits this statement for the purpose of of Florida.			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	D () Delete	Title:	()Change ()Addition	
Name:	JONES, CALVIN III	Name:		
Address:	412-A COBRA AVE	Address:		
City-St-Zip:	FORT WALTON BEACH, FL 32548	City-St-Zip:		
Title:	P () Delete	Title:	( ) Change ( ) Addition	
Name:	BATTY, THOMAS	Name:		
Address:	5171 EAGLE POINT DR	Address:		
City-St-Zip:	GRAND BAY, AL 36541	City-St-Zip:		
Title:	P ( ) Delete	Title:	S (X) Change () Addition	
Name:	MILLER-SCHMIDT, JANET	Name:	ESHLEMAN, JANE	
Address:	2777 LAKESHORE DR	Address:	270 LAFAYETTE ST.	
City-St-Zip:	MANDEVILLE, LA 704485629	City-St-Zip:	MANDEVILLE, LA 70448	
Title:	D ( ) Delete	Title:	D (X) Change () Addition	
Name:	BROOKER, NORTON W JR	Name:	REEVES, JUDY	
Address:	PO DRAWER 2727	Address:	99 FELICITY STREET	
City-St-Zip:	MOBILE, AL 36652	City-St-Zip:	BAY ST. LOUIS, MS 39520	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	RICHARDS, RON	Name:		
Address:	6625 CALLE DE LAUREL	Address:		
City-St-Zip:	NAVARRE, FL 32566	City-St-Zip:		
Title:	S () Delete	Title:	ATTY (X) Change ( ) Addition	
Name:	BRUNDIGE, WILLIAM H JR	Name:	MICHAEL, MARK	
Address:	329 BROCKENBRAUGH CT	Address:	P.O. BOX 50796	
City-St-Zip:	METAIRIE, LA 70005	City-St-Zip:	MOBILE, AL 36605	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE D. ESHLEMAN S/T 05/16/2007