


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90096 041 ***150.00

DOCUMENT # P38830	
1. Entity Name GAKEER FINANCIAL AGENCY, INC.	

Principal Place of Business 2121 S HILL STREET 2B NEW SMYRNA BEACH FL 32169 US	Mailing Address 2121 S HILL STREET 2B NEW SMYRNA BEACH FL 32169 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 605 ST. ANDREWS BLVD. Suite, Apt. #, etc. NEW SMYRNA BEACH, FL City & State 32168 USA Zip Country	3. Mailing Address 605 ST. ANDREWS BLVD Suite, Apt. #, etc. NEW SMYRNA BEACH, FL City & State 32168 USA Zip Country
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4. FEI Number 34-1294523	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'BRIEN, FRANK C 2121 S. HILL ST., 2B NEW SMYRNA BEACH FL 32169	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 605 ST. ANDREWS BLVD. City NEW SMYRNA BEACH FL Zip Code 32168	
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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 Frank C. O'Brien **FRANK C. O'BRIEN** 3/14/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP O'BRIEN, FRANK C 2121 S. HILL ST. 2B NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC O'BRIEN, GAYLE T 2121 S. HILL ST., 213 NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, KELLI O. 1630 GLADIOLAS DR WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTO, ERIN O. 1704 CHATFIELD DR JAMESTOWN NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, FRANK C 2121 S. HILL ST., 2B NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, GAYLE T 2121 S. HILL ST., 2B NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 ST. ANDREWS BLVD. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3940 E. MALLARD DR. HIGHLANDS RANCH, CO 80126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 ST. ANDREWS BLVD NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gayle T. O'Brien **GAYLE T. O'BRIEN** 3/14/05 386 426 5876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #