

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38830

FILED
Mar 13, 2006
Secretary of State

Entity Name: GAKEER FINANCIAL AGENCY, INC.

Current Principal Place of Business:

605 ST ANDREWS BLVD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

605 ST ANDREWS BLVD
2B
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 34-1294523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, FRANK C
605 ST ANDREWS BLVD
NEW SMYRNA BEACH, FL 32168 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: DCP () Delete
Name: O'BRIEN, FRANK C
Address: 605 ST ANDREWS BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVC () Delete
Name: O'BRIEN, GAYLE T
Address: 605 ST ANDREWS BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HARRINGTON, KELLI O.
Address: 1630 GLADIOLAS DR
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: DITTO, ERIN O.
Address: 3940 E MILLARD DR
City-St-Zip: HIGHLANDS RANCH, CO 80126

Title: VP () Delete
Name: O'BRIEN, FRANK C
Address: 605 ST ANDREWS BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: O'BRIEN, GAYLE T
Address: 605 ST ANDREWS BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DITTO, ERIN O.
Address: 70 SYLVESTOR PLACE
City-St-Zip: LITTLETON, CO 80129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GAYLE T. O'BRIEN

S

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date