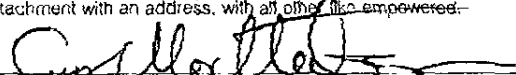


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000026862 1. Entity Name GEE-EL, INC.																													
Principal Place of Business 5428 ROYAL CLUB DR BOYNTON BEACH FL 33437			Mailing Address 5928 ROYAL CLUB DR. BOYNTON BEACH FL 33437																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FCI Number 59-3312606			Applied For ☐ Not Applicable																										
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent ROSILLO, FRANK 8405 N.W. 53RD ST. STE A205 MIAMI FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Added to F																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MALTABES, GUS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>5928 ROYAL CLUB DR BOYNTON BEACH FL 33437</td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	STREET ADDRESS	MALTABES, GUS		CITY - ST - ZIP	5928 ROYAL CLUB DR BOYNTON BEACH FL 33437		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete ☐</td> <td style="width:10%;">Change ☐</td> <td style="width:10%;">Add ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>000000498593</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>04/17/06-80013-013 150.00</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	Change ☐	Add ☐	STREET ADDRESS	000000498593				CITY - ST - ZIP	04/17/06-80013-013 150.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 11, if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: 			Date: 3/31/06 (561) 734-54																										