2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90017 022 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P95000044856

1. Entity Name
GAIA INC.

Principal Place of Business	Mailing Address
~~200 COCOANUT AVE~~ 1810 Northgate Blvd, #A1 A-1 SARASOTA FL 3423~~6~~4 US	P. O. BOX 3319 SUITE 3 SARASOTA FL 34230 US

2. Principal Place of Business	3. Mailing Address
1800 Northgate Blvd	
Suite, Apt. #, etc.: A-1	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State
Zip: 34234 / Country: USA	Zip / Country

4. FEI Number: 65-0592407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIZABETH T. WALTON
~~200 COCOANUT AVE~~ 1800 Northgate Blvd, A-1
A-1
SARASOTA FL 3423~~6~~4

7. Name and Address of New Registered Agent

Name: ~~[illegible]~~
Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~
Filled in error. E.T.W.
City: ~~[illegible]~~ FL Zip Code: ~~[illegible]~~

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	WALTON, ELIZABETH T	NAME	
STREET ADDRESS	~~200 COCOANUT AVE A-1~~ 1800 Northgate Blvd, A-1	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 3423~~6~~4	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Elizabeth T. Walton (ELIZABETH T. WALTON) 2/18/04 941/360-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #