2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90003 022 ***150.00

DOCUMENT # P95000044856

1. Entity Name
GAIA INC.

Principal Place of Business	Mailing Address
1800 NORTHGATE BLVD A-1 SARASOTA, FL 34234 US	P. O. BOX 3319 SUITE 3 SARASOTA, FL 34230 US

03052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1857 FLOYD STREET	
Suite, ~~Apt. #, etc.~~ 200	Suite, Apt. #, etc.
City & State SARASOTA	City & State
Zip 34239 Country SARASOTA	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	7. Name and Address of New Registered Agent
ELIZABETH T. WALTON 1800 NORTHGATE BLVD A-1 SARASOTA, FL 34234	Name ELIZABETH T. WALTON Street Address (P.O. Box Number is Not Acceptable) 1857 FLOYD ST., STE 200 City SARASOTA FL Zip Code 34239

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 Elizabeth T. Walton ELIZABETH T. WALTON 3/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTON, ELIZABETH T 1800 NORTHGATE BLVD. SARASOTA, FL 34234 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTON, ELIZABETH T. 1857 FLOYD ST., STE 200 SARASOTA, FL 34239 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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) 941/366-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/5/07 Daytime Phone #