

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P95000088304

1. Entity Name
FINANCIAL GAINS CORPORATION



Principal Place of Business

**PMB 337-501 N. ORLANDO AVENUE #313
WINTER PARK, FL 32789-7313**

Mailing Address

**PMB 337-501 N. ORLANDO AVENUE #313
WINTER PARK, FL 32789-7313**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3347040

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRARESI, LEO P
501 NORTH ORLANDO AVENUE
SUITE 313-337
WINTER PARK, FL 32789-7313**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the 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**

000000729954
05/08/07-80059-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERRARESI, LEO P
STREET ADDRESS	5234 N ORANGE BLOSSOM TRL., #103
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	VP
NAME	FERRARESI, RENEE M
STREET ADDRESS	5234 N ORANGE BLOSSOM TRL., #103
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Leo P. Ferraresi **Leo P. Ferraresi**

4/20/07 (407) 532-369
Date Daytime Phone