2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

DOCUMENT # P96000067790 1. Entity Name 1.G.A.I. INC.						01-31-2007	90042 02	1 ***150	0.00
Principal Place	e of Business	Mailing Address	L		1				
1031 CAPE CORAL PARKWAY		P.O. BOX 100488							
204 Cape Coral, FL 33904		CAPE CORAL, FL 33910							
CAPE CORAL	, FL 33904				1900010	8 1811	2m 22ii 2iii i2	# 19919 1 5 #1 98	HER! ##
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
2342 Chandlen Ave					1 (2000)		E## E##!? 2## (8)	# HERIO IEM ZW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-P	CDSEO	34 (12/06)	
						···	OTTE		
City & State		City & State			4. FEI Number Applied Fo 65-0692029 Not Applie				
Ft. Myens, FL Zip Country		Zip Coun		·rv				\$8.75 Add	
33907	_		1	,	5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered A	ugent	
1				Name					
CHUBOKAS, TOM 2342 CHANDLER AVE.			ŀ	Street Address (P.O. Box Number is Not Acceptable)					
	RS, FL 33907								
			ı	City			FL	Zip Code	e
8 The above	named entity submits this statement	for the number of changing it	e registere	d office or registe	red agent or be	ith in the State of 6		amiliar with	and account
	ions of registered agent.	or the proposed of their ging to		a one of regions	veo agom, or be	int, with Council of t	Sidd: Tuilly	armer will,	uno accepi
SIGNATURE.	Signature, typed or printed pame of registered age	nt and rete if applicable. (NO	ITE: Registered	Agent signature require	d when reinstamig)		DATE		
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be ded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.	,	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D Delete Till							Change	Addition
NAME Street address	CHUBOKAS, TOM IM 2342 CHANDLER AVE. ST			ET ADDRESS					
CITY-ST-ZIP	FORT MYERS, FL 33907			-ST-ZIP					
nre	Delete IIII							☐ Change	☐ Addition
NAME	Li Dense:				्राचित्रहरू <u>।</u> सम्बद्धाला				
STREET ADDRESS				et adoress					
CITY-ST-ZEP			CITY-	-ST-ZIP					
TITLE		Oelete	TITLE					☐ Change	Addition
NAME CITICIT ADDOCTIC			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME.		L.J DOGE	NAME	i i				□ custific	Addation
STREET ADORESS			STREE	et adoress					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE		☐ Detete	nre					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME		L.i Udica	NAME	1				□ evening	
STREET ADDRESS				et address					
aiy-st-zp			CITY-	-ST-ZIP					
of the cor	pertify that the information supplied we can this report or supplemental report poration or the receiver or trustee emporation at tachment with an address	powered to execute this repo	rt as requir	emptions containe ture shall have the red by Chapter 60	ed in Chapter 11 same legal effe 17, Florida Statut	9, Florida Statutes ct as if made unde es; and that my na	. I further cert er oath; that I a me appears i	ify that the in im an officer in Block 10 o	nformation or director r Block 11 if
SIGNAT	TIRE 77	\swarrow			131	- 29.67	وجر	- 826.	5564
JIGITAI	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	roiR		09-07		Byteme Phone #	