2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN **DOCUMENT # P97000002426 Secretary of State** GIOIA & AYRES, INC. Mailing Address Principal Place of Business 7465 N. FLORIDA AVE 7465 N. FLORIDA AVE CITRUS SPRINGS, FL 34434 CITRUS SPRINGS, FL 34434 US 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3418073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AYRES, GARY DO NOT WRITE 7465 N. FLORIDA AVE. CITRUS SPRINGS, FL 34465 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, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TIBLE NAME AYRES, GARY U000000510505^f1 4719 NORTH CAPISTRANO LOOP STREET ADDRESS. 04/29/06-80010-009 150.00°M **BEVERLY HILLS, FL 34465** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY -ST - ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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.

CICALATUDE.

City-ST-ZIP

SIGNATURE AND TOPED OR WENTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 (352)302-9329