2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Mai 21, 2007 08:0			
MENT # P9900004945 GIE BUSINESS INC	36				2	Secr	etary of Sta
e of Business GEWOOD AVE. SE, FL 32127	Mailing Address 5608 S. RIDGEWOOD AVE. PORT ORANGE, FL 32127			FACTORIO (III			I (1884 1188 5 3189 1189 118 16 318 1
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			:				\$8.75 Additional Fee Required
the obligations of registered agent. SIGNATURE				IN 7	THIS SF	PAC	E m familiar with, and accept
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina		ncing _ \$5.00 M		0 мау Ве		DATE	·
OFFICERS AND DIR PVST SCHOENRADT, DONNA 5608 S RIDGEWOOD AVE DAYTONA BEACH, FL 32127	ECTORS				NOT W	RIT	
	MENT # P9900004943 GIE BUSINESS INC BY OF INC BY ON OT WRITE BY ON OT WRITE C. Name and Address of Current Registered Add	MENT # P99000049436 BIE BUSINESS INC BY OFFICERS AND DIRECTORS Mailing Address 5608 S. RIDGEWOOD AVE. 6. Name and Address of Current Registered Agent ADT, DONNA DGEWOOD AVE. ANGE, FL 32127 PARTICIPATION OF THE PROPERTY OF	MENT # P99000049436 GIE BUSINESS INC Mailing Address SEWOOD AVE. S608 S. RIDGEWOOD AVE. PORT ORANGE, FL 32127 ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ADT, DONNA DGEWOOD AVE. ANGE, FL 32127 PARTICIPATION OF THE PROPOSE OF Changing its registered office or sons of registered agent. Signature, typed or proved name of registered agent and title if applicable. (NOTE: Registered Agent signature) F NOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PVST SCHOENRADT, DONNA 5608 S RIDGEWOOD AVE	MENT # P99000049436 GIE BUSINESS INC De of Business SEWOOD AVE. SEWOOD AVE. SE, FL 32127 PORT ORANGE, FL 32127 CONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ADT, DONNA DGEWOOD AVE. ANGE, FL 32127 PANGE, FL 32127 PANGE, FL 32127 Signature. hyped or printed name of registered agent and title if applicable. ENOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PVST SCHOENRADT, DONNA 5608 S RIDGEWOOD AVE	MENT # P99000049436 GIE BUSINESS INC Mailing Address SEWOOD AVE. SEWOOD AVE. SERVING SEWOOD AVE. PORT ORANGE, FL 32127 OCCUPATION A. FEI Number 59-357' S. Certificate DO NOT WRITE IN THIS SPACE A. REI Number 59-357' S. Certificate AADT, DONNA DGEWOOD AVE. ANGE, FL 32127 DO NOTE Registered Agent signature required when inlinetating) E. NOWIII FEE IS \$150.00 SIGNATURE. Typed or printed name of registered agent and title of applicable. OFFICERS AND DIRECTORS PVST SCHOENRADT, DONNA S608 S RIGGEWOOD AVE DAYTONA BEACH, FL 32127 DO DO DO DO DO DO DO DO DO D	MENT # P99000049436 BIE BUSINESS INC BIE BUSINESS INC BO NOT WRITE IN THIS SPACE OCOSZOOT No Chg-P 4. FEI Number 59-3579885 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE B. Name and Address of Current Registered Agent ADD, DONNA ADD, DONNA ANGE, FL 32127 DO NOT WIN THIS SPACE BO NOT WIN THIS SPACE DO NOT WIN THIS SPACE B. Name and Address of Current Registered Agent ADD, DONNA B. Name and Address of Current Registered Agent ADD, DONNA B. Name and Address of Current Registered Agent B. Name and Address of Current Registered B. Name and	MENT # P99000049436 SIE BUSINESS INC So I Business SEWOOD AVE SER S. RIDGEWOOD AVE PORT ORANGE, FL 32127 DO NOT WRITE IN THIS SPACE S. Name and Address of Current Registered Agent MADT, DONNA DGEWOOD AVE ANGE, FL 32127 DO NOT WRIT IN THIS SPAC S. Name and address of Current Registered Agent MADT, DONNA DGEWOOD AVE ANGE, FL 32127 IN THIS SPAC Securificate of Status Desired TO NOT WRIT IN THIS SPAC NOTE Registered Agent registered agent, or both, in the State of Florida. I a one of registered agent. Sequence, typed or printed name of registered agent and tild if applicable. NOTE Registered Agent signature required when reintating) OATS E NOW!!! FEE IS \$150.00 TO FFICERS AND DIRECTORS PVST SCHOENRADT, DONNA 5608 S RIDGEWOOD AVE DAYTONA BEACH, FL 32127

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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