


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 033 ***150.00

DOCUMENT # 359232

1. Entity Name
 GIHLS PROPERTIES, INC.



Principal Place of Business Mailing Address

11617 INNFIELDS DR 11617 INNFIELDS DR
 A ODESSA, FL 33556-6775 US ODESSA, FL 33556-6775 US

4000000000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

8108 Old Hixon Rd 8108 Old Hixon Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01042008 Chg-P CR2E034 (12/06)

City & State City & State

Tampa FL Tampa FL

Zip Country Zip Country

33626 USA 33626 USA

4. FEI Number Applied For

59-1324664 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, MARK E
 11617 INNFIELDS DR
 ODESSA, FL 33556-6775

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8108 Old Hixon Rd

City Tampa FL Zip Code 33626

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 *Mark Blanton* DATE 4-3-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PSD BLANTON, MARK E 11617 INNFIELDS DRIVE, SUITE A ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BLANTON, MARK E 8108 Old Hixon Road TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Blanton* Mark Blanton DATE 4-3-08 DAYTIME PHONE # 813 920-1031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #