


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 272924
 1. Entity Name
GULFPORT GUARANTY & FIDELITY CORPORATION



Principal Place of Business Mailing Address
 PO BOX 012949 PO BOX 012949
 MIAMI, FL 33101-2494 US MIAMI, FL 33101 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1100427 Not Applicable

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

8. Name and Address of Current Registered Agent

CROGAN, KATHLEEN
 100 S. BISCAYNE BLVD
 STE 1100
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UD00000344832
 04/30/05-80012-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	CROGAN, KATHLEEN
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HOLLO, WAYNE R
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #