2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 720482 © BY-THE-GULF, INC.						03-29-2007	90025 042 ****	61.25
Principal Place 9099 141ST SEMINOLE, F	ST N		ddress 1ST ST N .E, FL 33776	US			044559 	I 84811 BIRN 11814 BIRN 11811 I	I I BIKADI BI I DDI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing	Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03232007	Chg-NP	CR2E037 (12/06))
City & State		City & State				4. FEI Number 23-7044	325)	Applied For Not Applicable
Zip	Country		Zip C		intry	5. Certificate of Status Desired \$8.75 Additing Fee Required			
	6. Name and Address of Current	Registered A	gent			7. Name and A	ddress of New F	Registered Agent	
					Name				
HOFSTRA, PETER T ESQ 8640 SEMINOLE BLVD. SEMINOLE, FL 33772				Street Address (P.O. Box Number is Not Acceptable)					
	•				City			FL Zip Co	ode
	named entity submits this statement for								
the obligat	ions of registered agent. Signature, typed or printed name of registered agent	and title if applicab	la (NOT		d Agont signature cos			DATE	
				E: Hegistere	O Agent signature rec	quired when reinstating)		DATE	
•	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Car Trust Fund (mpaign F	inancing _	\$5.00 May Be Added to Fees		lake check payable	
10.	•		9. Election Car	mpaign F	inancing _	\$5.00 May Be Added to Fees	Flor	lake check payable	State
10.	Due by May 1, 2007		9. Election Car	mpaign F Contributi	inancing ion.	\$5.00 May Be Added to Fees	Flor	lake check payable	State IN 10
	Due by May 1, 2007 OFFICERS AND DI		9. Election Car Trust Fund (mpaign F Contributi	inancing ion.	\$5.00 May Be Added to Fees	Flor	lake check payable rida Department of	State IN 10
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE

Date

Date

Distance Priore 2