


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90027 015 ***150.00

DOCUMENT # F03000001353 1. Entity Name GEARBULK INC.	
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Principal Place of Business 3000 BAYPORT DRIVE 450 TAMPA, FL 33607	Mailing Address 3000 BAYPORT DRIVE 450 TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE

60018613



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2989804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEILS, CHRIS
3000 BAYPORT DRIVE
SUITE 450
TAMPA, FL 33607

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

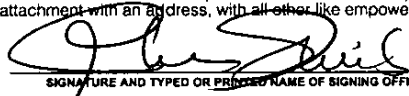
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEBSEN, KRISTIAN MILBOURNE HOUSE, COPSEM LANE ESHER, SURREY, KT109EP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEILS, CHRIS 14718 SAN MARSALA CT TAMPA, FL 33626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **2/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #