


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90046 029 \*\*\*150.00

**DOCUMENT # K84877**

1. Entity Name  
**GULF RESORTS, INC.**



Principal Place of Business      Mailing Address

**%DAVID H. CALLEN**      **%DAVID H. CALLEN**  
**111 W. FORTUNE STREET**      **111 W. FORTUNE STREET**  
**TAMPA, FL 33602**      **TAMPA, FL 33602**

**50057889**



2. Principal Place of Business      3. Mailing Address

**8870 N. Himes Ave #242**      **8870 N Himes Ave #242**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Tampa FL**      **TAMPA FL**

City & State      City & State

07252005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-2960543**      Not Applicable

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

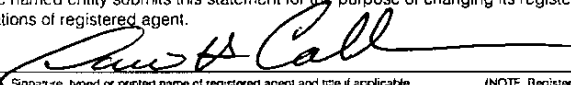
6. Name and Address of Current Registered Agent

**CALLEN, DAVID H.**  
**111 W. FORTUNE STREET**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name      **CALLEN, DAVID H.**  
 Street Address (P.O. Box Number is Not Acceptable)      **8870 N. Himes Ave Ste 242**  
 City      **TAMPA**      FL      Zip Code      **33614**

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:       DATE: **7-25-05**

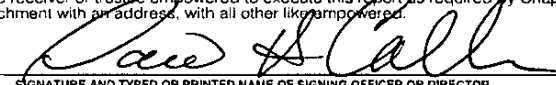
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEN, DAVID H. 111 W. FORTUNE STREET TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID H. CALLEN 8870 N Himes Ave 2-242 TAMPA FL 33614 <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 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:       DATE: **7/25/05**      DAYTIME PHONE: **813-220-8586**

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