## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005092

Entity Name: GULFSHORE PLAYHOUSE, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
410 BAYFRONT PLACE #2401 NAPLES, FL 341026466			#103	9130 GALLERIA COURT #103 NAPLES, FL 34109		
Current Mailing Address:			New Mailii	New Mailing Address:		
410 BAYFRONT PLACE #2401 NAPLES, FL 341026466			#103	9130 GALLERIA COURT #103 NAPLES, FL 34109		
FEI Number: 90-0178566 FEI Number Applied For ( ) FEI Num			Number Not Appli	nber Not Applicable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
COURY, KRISTEN 410 BAYFRONT PLACE #2401 NAPLES, FL 341026466 US 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.						
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D/C () E CRIDER, JOHN 5571 LAGO VILL NAPLES, FL 341		Title: Name: Address: City-St-Zip:	D/C (X) (HARDEN, ROBE 8787 BAY COLO NAPLES, FL 34	NY DRIVE	
Title: Name: Address: City-St-Zip:	D/S () E COURY, KRISTE 410 BAYFRONT NAPLES, FL 341	PLACE #401	Title: Name: Address: City-St-Zip:	D/P (X) COURY, KRISTE 410 BAYFRONT NAPLES, FL 34	PLACE #401	
Title: Name: Address: City-St-Zip:	D/T () E RICCI, PATRICK 5860 CLOUDSTO NAPLES, FL 341	NE COURT	Title: Name: Address: City-St-Zip:	HIGGS, ALESSA	RE BOULEVARD N.	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	D () C GERGER, JOYC 6381 HIGHCROF NAPLES, FL 34	T DRIVE	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	D'JAMOOS, JOS	EL FONTANA DRIVE	
Title: Name: Address: City-St-Zip:	()(	Delete	Title: Name: Address: City-St-Zip:	CARROLL, CHAP	RE BOULEVARD N.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN COURY D/P 04/27/2006