2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

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Entity Name: GULF SHORE CREDIT CORP.

Current Principal Place of Business:

2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0561862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERZENY, RUBEN
2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GERZENY, RUBEN
Address: 441 E. MAC EWEN
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: GERZENY, BEVERLY
Address: 441 E. MAC EWEN
City-St-Zip: OSPREY, FL

Title: DP ( ) Delete
Name: GERZENY, STEVEN
Address: 440 BAYSHORE DR
City-St-Zip: VENICE, FL 34282

Title: DS ( ) Delete
Name: DAVIDSON, EDDIE
Address: 1246 PINENEEDLE ROAD
City-St-Zip: VENICE, FL 34285

Title: DT ( ) Delete
Name: GERZENY, DAVID
Address: 5008 FLAGSTONE
City-St-Zip: SARASOTA, FL 34238

Title: DV ( ) Delete
Name: GERZENY, MATTHEW
Address: 124 BAYVIEW DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE DAVIDSON DS 03/07/2007

Electronic Signature of Signing Officer or Director — Date