2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 177063

Entity Name: GULF EXHIBITION CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
1010 MIRACLE STRIP PKWY. S.E. FORT WALTON BCH., FL 32548	

Current Mailing Address:	**New Mailing Address:**
1010 MIRACLE STRIP PKWY. S.E. FORT WALTON BCH., FL 32548	

FEI Number: 59-0728460   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MERRILL, WILLIS C III 226 S. PALAFOX PENSACOLA, FL 32593 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:

Title: VD
Name: DICKERSON, F.O.
Address: 402 W. LLOYD STREET
City-St-Zip: PENSACOLA, FL

Title: PD
Name: MERRILL,III, W.
Address: P.O. BOX 710
City-St-Zip: PENSACOLA, FL 32593

Title: STD
Name: ABRAMS, D.W. LL
Address: 2095 ALFRED BLV
City-St-Zip: NAVARRE, FL 32566 US

Title: D
Name: POWELL, RICHARD
Address: PO BOX 2167
City-St-Zip: FT WALTON BEACH, FL 32549 US

Title: D
Name: DICKERSON-RENFROE, JANE
Address: 4185 EAISDEN RD
City-St-Zip: PENSACOLA, FL 32503 US

Title: D
Name: MERRILL, BURNIE
Address: PO BOX 710
City-St-Zip: PENSACOLA, FL 32593 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD W. ABRAMS IL   STD   02/15/2011

      Electronic Signature of Signing Officer or Director   Date