2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 08:00 AM **DOCUMENT # 404294 Secretary of State GUNTHER INVESTMENT COMPANY** Principal Place of Business Mailing Address 707 RIO LINDO DRIVE 707 RIO LINDO DRIVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1405969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUNTHER, OSCAR R. DO NOT WRITE 707 RIO LINDO DRIVE JACKSONVILLE, FL 32207 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE - U00000588015 ./17/07-80054-013-150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME **GUNTHER,OSCAR R** STREET ADDRESS 707 RIO LINDO DRIVE CITY-ST-ZIP JACKSONVILLE, FL TITLE NAME **GUNTHER, MARIELA** STREET ADDRESS 707 RIO LINDO DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32207 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TM E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPDIRECTOR