


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90095 014 \*\*\*150.00

<b>DOCUMENT # 547408</b> 1. Entity Name <b>GULF EASTERN CORPORATION</b>	
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Principal Place of Business <b>15880 SUMMERLIN RD. 300 STE.102 FORT MYERS, FL 33908</b>	Mailing Address <b>15880 SUMMERLIN RD. 300 STE.102 FORT MYERS, FL 33908</b>
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40055137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04032007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1768859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOUTIN, URBAN  
8750 GLADIOLUS DRIVE  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **Boutin, Urban**

Street Address (P.O. Box Number is Not Acceptable)

**14350 C Harbour Landings Dr**

City

**Fort Myers**

FL

Zip Code

**33908**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-5-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOUTIN, URBAN</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DRIVE #102</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BOUTIN, DIANE S</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DRIVE #102</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Boutin, Urban</b>	
STREET ADDRESS	<b>14350 C Harbour Landings Drive</b>	
CITY-ST-ZIP	<b>Fort Myers FL 33908</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Boutin, Diane S.</b>	
STREET ADDRESS	<b>14350 C Harbour Landings Drive</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Signature]*

**4-5-07**