2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567920

FILED Apr 22, 2009 Secretary of State

Entity Name: GULF VIEW ENTERPRISES, INC.

urrent Principal Place of Business:		New Prince	New Principal Place of Business:			
	LEA AVE CHEY, FL 3466	58				
urrent N	lailing Addres	ss:	New Mail	ing Addres	s:	
	LEA AVE CHEY, FL 3466	68				
I Number	: 59-1819056	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()
ame and	l Address of C	Current Registered Agent	. Name and	l Address o	of New Registered Agent:	
	STEPHEN HWY 19 NOR	TH				
	RT RICHEY, FL					
EW POF	RT RICHEY, FL	_ 33552 US	ne purpose of changing	its registere	d office or registered agent, o	r both
EW POF	RT RICHEY, FL named entity : e of Florida.	_ 33552 US	ne purpose of changing	its registere	d office or registered agent, o	r both
EW POF ne above the State	RT RICHEY, FL named entity: of Florida. RE:	_ 33552 US		its registere	d office or registered agent, or Date	r both
EW POF ne above the State GNATU	e named entity : e of Florida. RE: Electror	₋ 33552 US submits this statement for tl		its registere		r both
EW POF ne above the State GNATUI ection Cal	e named entity : e of Florida. RE: Electror	submits this statement for the signature of Registered g Trust Fund Contribution ().	Agent			
EW POF ne above the State GNATUI ection Cal	e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the signature of Registered g Trust Fund Contribution (). TORS: Delete bras J	Agent	NS/CHANGI P LAWSON, T 18237 OWE	Date ES TO OFFICERS AND DIRE (X) Change () Addition HOMAS J EN DR	
ection Car FFICER: ections:	e named entity : e of Florida. RE: Electror mpaign Financin; S AND DIREC P () LAWSON, THO 18237 OWEN I HUDSON, FL 3 ST () CHAMBERLIN, 6935 CORONE	submits this statement for the statement for the submits this statement for the submits Signature of Registered grust Fund Contribution (). STORS:) Delete MAS J DR 34667) Delete BONNIE	Agent ADDITION Title: Name: Address:	NS/CHANGI P LAWSON, T 18237 OWE	Date ES TO OFFICERS AND DIRE (X) Change () Addition HOMAS J EN DR	

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J. LAWSON P 04/22/2009