

2006 FOR PROFIT CORPORATION ANNUAL REPORT


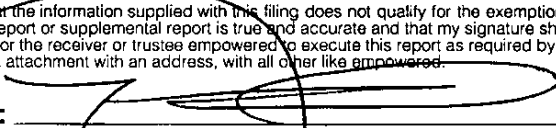
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Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90046 026 ***150.00

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # 575874			
1. Entity Name GULFSTREAM BUILDING CORPORATION			
Principal Place of Business P.O. BOX 370 DELRAY BCH, FL 33444		Mailing Address P.O. BOX 7781 DELRAY BCH, FL 33447	
2. Principal Place of Business 140 NW 18th Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7781 Suite, Apt. #, etc.	
City & State Delray Beach, FL Zip 33444		City & State Delray Beach, FL Zip 33447	
4. FEI Number 59-2513247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, ROBERT J. 140 N.W. 18 AVE DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, ROBERT J. 140 N.W. 18 AVE DELRAY BCH FL, 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		21-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	