## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # 578866  1. Entity Name GULFSTREAM SOLAR, INC.				04-17-2006 90392 006 ***150.00			
Principal Place 6505 NE 2NI MIAMI, FL 33	D AVE .	Mailing Address18480 NW 24TH STREET PEMBROKE PINES, FL 330	29		0 CIH SYDI BIST: BISTI BISTI BISTI BISTI		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		3628 NW 3RD TERR Suite, Apt. #, etc.		04032006 Chg-P	CR2E034 (11/05)		
City & State		City & State	<u> </u>	4. FEI Number		plied For	
7in	Zip Country Zip CO		HL FL euntry	59-1838667	\$8.75 Add	t Applicable	
210		33993		5. Certificate of Status Desire	Fee Required		
6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1, 0, 0, 1, 4, 1, 1, 2, 3, 5, 7, 7, 8, 9, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
GREGORY, URSULA M. 18480 NW 24TH STREET			URS	Street Address (B.O. Box Number is Not Acceptable)			
PEMBROKE PINES, FL 33029			200	8 NW SEP	11-1-1-1		
	,	2	City CAP	E CORAL	FL Zacoda	553	
8. The above named entity submits this statement to 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  Signatule, typed or printed name of registered agent and trief applicable. (NOTE: Registered Agent signature required when fersisting)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO	4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, RONALD A 18480 NW 24TH STREET PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TERRACE -C 33993	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY, URSULA M. 18480 NW 24TH STREET PEMBROKE PINES, FL 33029	□ Delete	TITLE STI NAME STREET ADDRESS 3 CITY-ST-ZIP C	ESULA M GRE 628 N W 3RD APE CORAL	BORY Behange TERRACE FL 33993	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
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 attactyrien with an address, with all other like empowered.							

SIGNATURE: SIGNATURE NOTIFIED ON PRINTED NAME OF SIGNAND OFFICER OR PRINTED NAME OF SIGNAND OR PRINTED NAME OF SIGNAND OFFICER OR PRINTED NAME OF SIGNAND OR