

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003818

FILED
Jan 24, 2008
Secretary of State

Entity Name: GULF RESTORATION NETWORK, INC.

Current Principal Place of Business:

338 BARONNE STREET
SUITE 200
NEW ORLEANS, LA 70112 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2245
NEW ORLEANS, LA 70176

New Mailing Address:

FEI Number: 72-1447742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, JOSEPH
34413 ORCHID PARKWAY
RIDGE MANOR, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALLAWAY, CASI
Address: 300 DAUPHIN STREET, SUITE 200
City-St-Zip: MOBILE, AL 36602

Title: DT () Delete
Name: DAVIS, MARK
Address: 6329 FRERCT ST
City-St-Zip: NEW ORLEANS, LA 701186231

Title: D () Delete
Name: HASTINGS, ROBERT W
Address: 141 N. NORTHINGTON STREET
City-St-Zip: PRATTVILLE, FL 36067

Title: DC () Delete
Name: MURPHY, JOSEPH
Address: 34413 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: PARRAS, JUAN
Address: 4622 RUSK STREET
City-St-Zip: HOUSTON, TX 77023

Title: D () Delete
Name: SCHAEFFER, BOB
Address: 4163 DINGMAN DRIVE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SKRMETTA, LOUIS
Address: P.O. BOX 1467
City-St-Zip: GULFPORT, MS 39502 US

Title: DT (X) Change () Addition
Name: DAVIS, MARK
Address: 6329 FRERET ST
City-St-Zip: NEW ORLEANS, LA 70118 US

Title: DC (X) Change () Addition
Name: HASTINGS, ROBERT W
Address: 141 N. NORTHINGTON STREET
City-St-Zip: PRATTVILLE, FL 36067

Title: D (X) Change () Addition
Name: MURPHY, JOSEPH
Address: 34413 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

Title: D (X) Change () Addition
Name: SPICER, SUSAN
Address: 430 RUE DAUPHINE
City-St-Zip: NEW ORLEANS, LA 70112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA SARTHOU, EXEC. DIR

D

01/24/2008

Electronic Signature of Signing Officer or Director

Date