

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002564

FILED
Jun 20, 2006
Secretary of State

Entity Name: GUNDERBOOM, INC.

Current Principal Place of Business:

9401 KING ST., SUITE A
ANCHORAGE, AK 99515

New Principal Place of Business:

Current Mailing Address:

210 HICKMAN DR.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 92-0159826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BAKER & HOSTETLER
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 US

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: G THOMAS BALL

06/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: DREYER, HAL
Address: 9401 KING ST., SUITE A
City-St-Zip: ANCHORAGE, AK 99515

Title: COO () Delete
Name: DOVE, BOBBY
Address: 210 HICKMAN DR.
City-St-Zip: SANFORD, FL 32771

Title: TS () Delete
Name: PHILLIPS, LANE
Address: 902 N. BROOKSHADE PKWY
City-St-Zip: ATLANTA, GA 30004

Title: D () Delete
Name: O'BRIEN, DICK
Address: 817 W. PEACHTREE ST.
City-St-Zip: ATLANTA, GA 30308

Title: D () Delete
Name: CHRISTOPHERSON, ALAN
Address: 1506 W. 36TH AVE.
City-St-Zip: ANCHORAGE, AK 99503

Title: D () Delete
Name: FRISCOE, LOUIS F SR.
Address: FOUR EXECUTIVE BLVD., SUITE 100
City-St-Zip: SUFFERN, NY 10901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBY DOVE

COO

06/20/2006

Electronic Signature of Signing Officer or Director

Date