

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002564

FILED  
Jan 05, 2007  
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:

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

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 (X) 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: PRES (X) Change ( ) Addition  
Name: DREYER, HAL  
Address: 9401 KING ST., SUITE A  
City-St-Zip: ANCHORAGE, AK 99515

Title: COO (X) Change ( ) Addition  
Name: DOVE, BOBBY  
Address: 210 HICKMAN DRIVE  
City-St-Zip: SANFORD, FL 32771 US

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 G. DOVE

COO

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date