

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003370

FILED
Feb 19, 2007
Secretary of State

Entity Name: GASTOPS INC.

Current Principal Place of Business:

11 EAST OLIVE ROAD
B
PENSACOLA, FL 32514 XX

Current Mailing Address:

11 EAST OLIVE ROAD
B
PENSACOLA, FL 32514 XX

FEI Number: 98-0426238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4900 BAYOU BLVD.
107
PENSACOLA, FL 325032543 XX

New Mailing Address:

4900 BAYOU BLVD.
107
PENSACOLA, FL 325032543 XX

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL, STE. 200
BOCA RATON, FL 33431 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: D () Delete
Name: MACISAAC, BERNARD
Address: 1011 POLYTEK ST
City-St-Zip: OTTAWA ONTARIO K1J9J3 CANADA,

Title: PVP () Delete
Name: CASSIDY, KAREN
Address: 11 EAST OLIVE ROAD, SUITE B
City-St-Zip: PENSACOLA, FL 32514

Title: ST () Delete
Name: LAWLESS, NANCY C.A.
Address: 1011 POLYTEK ST
City-St-Zip: OTTAWA ONTARIO K1J9J3 CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PVP (X) Change () Addition
Name: CASSIDY, KAREN
Address: 4900 BAYOU BLVD., SUITE 107
City-St-Zip: PENSACOLA, FL 325032543

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: NANCY LAWLESS

ST

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date