2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # F29068 1. Entity Name GULFSTREAM ASSET MANAGEMENT CORP. Principal Place of Business Mailing Address 350 ROYAL PALM WAY PO BOX 749 350 ROYAL PALM WAY PO BOX 749 PALM BEACH FL 33480-0749 PALM BEACH FL 33480-0749 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #. etc. Suite, Apt. #Leto 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2110857 Not Applicable Ζıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEICK, STUART E. Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY; P.O. BOX 749 PALM BCH, FL 33480-0749 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Hypodior min ed leaser of registrated ariest and the fleopicacio. (NOTE: Registered Agont is grature required when reinstituting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Derete TITLE Change Addition FEICK, STUART E NAME NAME 1020 S OCEAN BLVD STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CiTY-ST-7iP CITY-ST-ZIP TITLE Derete TITLE Change Addition NAME NAME U000000919811 STREET ADDRESS STREET ADDRESS 05/14/08-80019-009 150.00 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Deiele TITLE Change Addition HAM: NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ De ete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY - S1- ZIP TIT: F ☐ De-ete ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes: I further certify that the information indicated on this report or supplemental report is rue and accurate and that my signature shall have the same legal office as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emplowered 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 attagment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

SIGNATURE: STURY Sich STURY E. FEICK 4-15-08 561, 655-3300