

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003975

FILED
Apr 28, 2008
Secretary of State

Entity Name: GULF STATES FINANCIAL SERVICES, INC. OF TEXAS

Current Principal Place of Business:

13201 NORTHWEST FREEWAY
SUITE 801
HOUSTON, TX 77040

New Principal Place of Business:

Current Mailing Address:

13201 NORTHWEST FREEWAY
SUITE 801
HOUSTON, TX 77040

New Mailing Address:

FEI Number: 76-0068653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PYLE, JERRY H
Address: 109 NORTH POST OAK LANE # 600
City-St-Zip: HOUSTON, TX 77024

Title: D () Delete
Name: GRUEN, FRANK X.
Address: 109 NORTH POST OAK LANE # 600
City-St-Zip: HOUSTON, TX 77024

Title: P/D () Delete
Name: KENNINGHAM, DARYL A
Address: 13201 NORTHWEST FWY., SUITE 801
City-St-Zip: HOUSTON, TX 77040

Title: VP/S () Delete
Name: GREENE, DIANE W
Address: 13201 NORTHWEST FWY., SUITE 801
City-St-Zip: HOUSTON, TX 7704

Title: AS (X) Delete
Name: PEDERSEN, NANCY
Address: 109 NORTH POST OAK LANE #600
City-St-Zip: HOUSTON, TX 77024

Title: T () Delete
Name: GRUEN, FRANK X
Address: 109 NORTH POST OAK LANE # 600
City-St-Zip: HOUSTON, TX 77024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P/D (X) Change () Addition
Name: AMOS, STEPHEN L
Address: 13201 NORTHWEST FWY., SUITE 801
City-St-Zip: HOUSTON, TX 77040

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 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: DIANE W. GREENE

VP/S

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date