

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90052 035 \*\*\*150.00

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01102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # H07419</b>			
1. Entity Name GULFSTREAM MAINTENANCE, INC.			
Principal Place of Business 140 N.W. 18TH AVENUE PO BOX 2679 DELRAY BEACH, FL 33444 US		Mailing Address 140 N.W. 18TH AVENUE PO BOX 2679 DELRAY BEACH, FL 33444 US	
2. Principal Place of Business 140 N.W. 18th Avenue Suite, Apt. #, etc.		3. Mailing Address 140 N.W. 18th Avenue Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33444		Country U.S.	
4. FEI Number 59-2438370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, ROBERT J. 140 N.W. 18TH AVENUE DELRAY BCH., FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, ROBERT J. 140 N.W. 18TH AVENUE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2-1-06 Daytime Phone #	