


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90015 006 ***550.00

DOCUMENT # H94100 1. Entity Name GUNNALLEN FINANCIAL, INC.	
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Principal Place of Business 1715 N WESTSHORE BLVD STE 775 TAMPA, FL 33607 US	Mailing Address 1715 N WESTSHORE BLVD STE 775 TAMPA, FL 33607 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUNN, DONALD J JR 1715 N WESTSHORE BLVD #775 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO FRUEH, RICHARD A. 4509 BEACH PARK DR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUNN, DONALD J JR 17911 Binimi Isle TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FAY, BRADLEY A. 18207 Bittern Ave. Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD M. NUMMI 9804 Woodbay Dr. Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE MCCOY 4221 W. SPRUCE ST. APT. 1420 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JED TROSPER 4805 WOODMERE RD. TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **8 27 04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #