2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H94100

Title:

Name:

Address:

City-St-Zip:

CCO

ELLIS, MARC

5002 W WATERS AVE

TAMPA, FL 33647

() Delete

FILED Feb 17, 2009 Secretary of State

Entity Nam	ie: GUNNALLE	EN FINANCIAL, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
5002 W. W. TAMPA, FL	ATERS AVE 33634				
Current Mailing Address:			New Mailing Address:		
5002 W. W. TAMPA, FL	ATERS AVE 33634				
FEI Number:	59-2624567	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
GUNN, DONALD J JR 5002 W WATERS AVE TAMPA, FL 33634 US					
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:		ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () D FRUEH, RICHARI 4509 BEACH PAR TAMPA, FL 3360	D RK DR	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	PRES () D GUNN, DONALD 3 17911 BINIMI ISL TAMPA, FL 3364	J JR E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () D FAY, BRADLEY 18207 BITTERN A LUTZ, FL 33549		Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition DAVID, JARVIS 5002 W WATERS AVENUE TAMPA,, FL 33634	
Title: Name: Address: City-St-Zip:	CFO () D O'BEIRNE, DECL 16208 HOYLAKE ODESSA, FL 335	AN E DR	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition KRAUS, FREDERICK 5002 W WATERS AVENUE TAMPA, FL 33634	

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.

Title:

Name:

Address:

City-St-Zip:

cco

DANIELS, KEVIN

TAMPA, FL 33647

5002 W WATERS AVE

(X) Change () Addition

SIGNATURE: FREDERICK KRAUS CFO 02/17/2009