*-- 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # K47780 1. Entity Name GUN DOC, INC. Mailing Address Principal Place of Business 5405 N.W. 82 AVENUE 5405 N.W. 82 AVENUE MIAMI, FL 33166 MIAMI, FL 33166 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0094395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANVALKENBURG, ROBERT C. DO NOT WRITE 5405 NW 82 AVENUE MIAMI, FL 33166 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VANVALKENBURG, ROBERT C. NAME STREET ADDRESS 5405 N.W. 82 AVENUE CITY-ST-ZIP MIAMI, FL 33166 U00000540332 05/10/06-80013-024 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZiP 31112 NAME STREET ADDRESS GITY-ST-ZIP

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 trusted 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 improvement.

SIGNATURE

TUTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-6 305-477.2771

FILED