

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90023 001 \*\*\*300.00

<b>DOCUMENT # L05675</b> 1. Entity Name <b>GULFSTREAM EQUITY MANAGEMENT, INC.</b>					
Principal Place of Business <b>ATT: CLINT NANGLE</b> <b>500 WEST HWY 316</b> <b>CITRA, FL 32113 US</b>			Mailing Address <b>ATT: CLINT NANGLE</b> <b>500 WEST HWY 316</b> <b>CITRA, FL 32113 US</b>		
2. Principal Place of Business - No P.O. Box # <b>482 HOLINESS CHURCH RD.</b>		3. Mailing Address <b>PO BOX 2007</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>WAGENER, S.C.</b>		City & State <b>AIKEN, SC</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>29164</b>		Country <b>AIKEN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>29802</b>		Country <b>AIKEN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NANGLE, CLINT</b> <b>500 WEST HWY 316</b> <b>CITRA, FL 32113</b>			7. Name and Address of New Registered Agent Name <b>CLINT NANGLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>334 CHATHAM P</b> City <b>WEST PALM BEACH, FL 33417</b>		
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: <span style="float: right;">2/25/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANGLE, CLINT 500 WEST HWY 316 CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NANGLE, CLINT 334 CHATHAM P WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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	
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: <span style="float: right;">2/25/07 803.564.6152</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					