2006 FOR PROFIT CORPORATION

Jan 13, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L12959 1. Entity Name GILCO, INC. Principal Place of Business Mailing Address 15 PADDINGTON COURT PO BOX 770625 NAPLES, FL 34107-0625 US_ NAPLES, FL 34104 US No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0142662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAPIRO, MARC L DO NOT WRITE 720 GOODLETTE ROAD, SUITE 304 NAPLES, FL 34102 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE Election Campaign Financing \$5.00 May Be 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. 01/19/06-80041-011 150.00 TITLE COURET, GILBERT NAME 15 PADDINGTON COURT STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 cath, that I am an officer or director of the corporation or the receiver of 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 appointer like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED