2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Apr 20, 2007 08:00 A Secretary of State DOCUMENT # M92641 1. Entity Name G.B.C., INC. Principal Place of Business . . . Mailing'Address ' 70 FERNBROOK ,% FRED L. COLOMBO 70 FERNBROOK RD., EAST LAKE WOODLANDS 70 FERNBROOK RD., EAST LAKE WOODLANDS -OLDSMAR, FL 34677 US ... OLDSMAR, FL 34677 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2910795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLOMBO, FRED L. DO NOT WRITE 70 FERNBROOK RD. EAST LAKE WOODLANDS IN THIS SPACE OLDSMAR, FL 34677 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. TO FERNBLOOK TO FAST LAKE MOOL CALLE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 wife Trust Fund Contribution... Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE COLOMBO, FRED L. NAME STREET ADDRESS 70 FERNBROOK RD. OLDSMAR, FL CITY-ST-ZIP U00000719641 05/01/07-80070-023 150.00 SD TITLE COLOMBO, ANGELINE NAME 70 FERNBROOK RD. STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-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 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 all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18A907

Daytime Phone #