

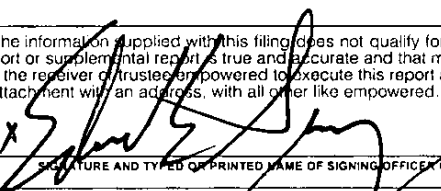


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M96243 1. Entity Name GULFSTAR MARINE INC.						FILED 07 JUN -4 AM 9:22 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % EDWARD SUROVY 4169 SHOAL LINE BLD. SPRING HILL, FL 34607				Mailing Address % EDWARD SUROVY 4169 SHOAL LINE BLD. SPRING HILL, FL 34607			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State HERNANDO BEACH, FL		City & State HERNANDO BEACH, FL					
Zip		Country		Zip		Country	
4. FEI Number 65-0120820				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUROVY, EDWARD 4169 SHOAL LINE BLVD SPRING HILL, FL 34607				7. Name and Address of New Registered Agent Name SUROVY, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) 4169 SHOAL LINE BLVD. City HERNANDO BEACH FL Zip Code 34607			
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 				DATE 4/30/07			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SUROVY, EDWARD <input type="checkbox"/> Delete 4169 SHOAL LINE BLD SPRINGHILL, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200104256092 06/12/07--01014--011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 07/6/07			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUROVY, EDWARD E. 4169 SHOAL LINE BLVD. HERNANDO BEACH, FL 34607		
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: 				EDWARD E. SZUROVY			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4/30/07			