


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 023 ****61.25

DOCUMENT # N01000006886					
1. Entity Name GULF OF MEXICO STATES PARTNERSHIP, INC.					
Principal Place of Business 20 N. ORANGE AVE. STE 407 ORLANDO, FL 32801 US			Mailing Address 20 N. ORANGE AVE. STE 600 ORLANDO, FL 32801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3747735	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			Name Hendry, Stoner, Calandrino & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. By: <u>Hendry, Stoner, Calandrino & Brown, P.A.</u> <i>Pres</i> <u>2/21/06</u> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SPRINGER, GARY L STREET ADDRESS 425 25TH STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME HERZSTEIN, ROBERT STREET ADDRESS 655 15TH ST. NW CITY-ST-ZIP WAHSINGTON, DC 20005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Washington, DC 20005	
TITLE EVPD NAME HENDRY, ROBERT R STREET ADDRESS 20 N. ORANGE AVENUE, SUITE 407 CITY-ST-ZIP ORLANDO, FL 328011956	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 N. Orange Ave., Suite 600 Orlando, FL 32801	
TITLE VD NAME SUAREZ-MIER, MANUEL STREET ADDRESS PISO 2 COL. LOS MORALES POLAASO CITY-ST-ZIP MEXICO, DF 11515	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 730 15th St. NW, 10th Floor Washington, DC 20005	
TITLE VD NAME POTTER, PHILLIP STREET ADDRESS 717 D STREET STE 310 CITY-ST-ZIP WASHINGTON, DC 20004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVPS NAME UPTON, MARY ELLEN STREET ADDRESS 5123 MUSSELLSHELL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<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 617, 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: <u><i>[Signature]</i></u> <i>Director</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

ATTACHMENT

40017278

2006 UNIFORM BUSINESS REPORT (continued)

DOCUMENT # N01000006886

GULF OF MEXICO STATES PARTNERSHIP, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	Addition
Name	McKay, Benjamin J.	
Street Address	444 N. Capitol St. NWm, Suite 801	
City - St - Zip	Washington, DC 20001	

Title	D	Addition
Name	Ruiz, Marco Miguel Munoz	
Street Address	816 Congress Ave., Suite 1700	
City - St - Zip	Austin, TX 78701	

Title	T/D	Addition
Name	Vivero, Jose	
Street Address	Century Bank of Florida	
Street Address	716 West Fletcher Avenue	
City - St - Zip	Tampa, Florida 33612	

Title	D	Addition
Name	Montero, Jesus Rodriguez	
Street Address	Inter-American Development Bank	
Street Address	4701 Willard Avenue, Apt. 1104	
City - St - Zip	Chevy Chase, Maryland 20815	

ATTACHMENT # NO 1000006886

LAW OFFICES OF
HENDRY, STONER, CALANDRINO & BROWN

PROFESSIONAL ASSOCIATION
20 N. ORANGE AVENUE, SUITE 600
ORLANDO, FLORIDA 32801
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PHILIP K. CALANDRINO
BUSINESS TRANSACTIONS AND LITIGATION
G. STEVEN BROWN
BOARD CERTIFIED IN TAXATION
AIMEE ELIZABETH COLLINS
BUSINESS TRANSACTIONS AND LITIGATION

40017278
OF COUNSEL
DEBORAH J. TOWNSEND
BOARD CERTIFIED IN IMMIGRATION
LAURA A. QUIGLEY
BOARD CERTIFIED IN TAXATION
LISA KRUEGER KHAN
IMMIGRATION AND NATURALIZATION
JOHN G. DELANCETT
COMMERCIAL AND TAX LITIGATION
CERTIFIED CIRCUIT CIVIL MEDIATOR
MARCOS A. CIGAGNA
ADMITTED IN BRAZIL ONLY

February 21, 2006

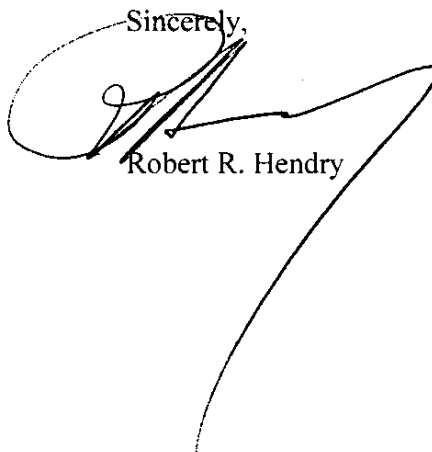
Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: 2005 Not-For-Profit Corporation Annual Report

To Whom It May Concern:

Enclosed please find the Uniform Business Report for GULF OF MEXICO STATES PARTNERSHIP, INC., along with a check in the amount of \$61.25 for the filing fee.

Sincerely,



Robert R. Hendry

RRH/bob

Enclosure