
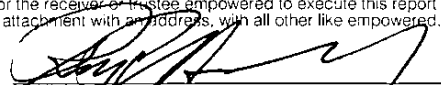


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90194 043 \*\*\*\*61.25

<b>DOCUMENT # N01000006886</b> 1. Entity Name <b>GULF OF MEXICO STATES PARTNERSHIP, INC.</b>					
Principal Place of Business <b>20 N. ORANGE AVE. STE 407 ORLANDO, FL 32801 US</b>			Mailing Address <b>20 N. ORANGE AVE. STE 600 ORLANDO, FL 32801 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3747735</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HENDRY, STONER, CALANDRINO &amp; BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SPRINGER, GARY L 425 25TH STREET NORTH SAINT PETERSBURG, FL 33713</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HERZSTEIN, ROBERT 655 15TH ST. NW WASHINGTON, DC 20005</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD HENDRY, ROBERT R 20 N ORANGE AVE, STE 600 ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SUAREZ-MIER, MANUEL 730 15TH ST NW, 10TH FL WASHINGTON, DC 20005</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD POTTER, PHILLIP 717 D STREET STE 310 WASHINGTON, DC 20004</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS UPTON, MARY ELLEN 5123 MUSSELLSHELL DR NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>735 Arlinton Ave., N, Suite 113 St. Petersburg, FL 33701</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4351 Westover Pl NW Washington DC 20016</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>717 D Street NW Washington DC 20004</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>735 Arlinton Ave., N, Suite 113 St. Petersburg, FL 33701</b>				
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.					
<b>SIGNATURE:</b> 		4/16/07 407 843 5880			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

# ATTACHMENT

40068408

## 2007 UNIFORM BUSINESS REPORT (continued)

DOCUMENT # N01000006886

~~GULF OF MEXICO STATES PARTNERSHIP, INC.~~

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### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	Change
Name	McKay, Benjamin J.	
Street Address	444 North Capitol Street NW, Suite 801	
City - St - Zip	Washington, DC 20001	

Title	D	Change
Name	Ruiz, Marco Miguel Munoz	
Street Address	816 Congress Avenue, Suite 1700	
City - St - Zip	Austin, Texas 78701	

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

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

Title	D	Addition
Name	Richard J. Chidester	
Street Address	2 Houston Center	
Street Address	909 Fannin, Suite 3175	
City - St - Zip	Houston, Texas 77010	

Title	D	Addition
Name	Matthew Nolan	
Street Address	1050 Connecticut Avenue NW	
City - St - Zip	Washington, DC 20036	