


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 007 ****70.00

DOCUMENT # N03000005784	
1. Entity Name GULFPORT MERCHANTS ASSOCIATION, INC.	

Principal Place of Business EMILY'S FRAMERY/GALLERY 2904 BEACH BLVD. GULFPORT, FL 33707 US	Mailing Address EMILY'S FRAMERY/GALLERY 2904 BEACH BLVD. GULFPORT, FL 33707 US
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2. Principal Place of Business EMILY'S FRAMERY/GALLERY Suite, Apt. #, etc. 5501 B Shore Blvd. S. City & State Gulfport, FL Zip 33707 Country USA	3. Mailing Address EMILY'S FRAMERY/GALLERY Suite, Apt. #, etc. 5501 B Shore Blvd. S. City & State Gulfport, FL Zip 33707 Country USA
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05022005 Chg-NP CR2E037 (10/03)

4. FEI Number 11-1111111	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREA, ROYCE 4816 YARMOUTH AVE SOUTH ST. PETERSBURG, FL 33711	
7. Name and Address of New Registered Agent Name EMILY Goodwin Street Address (P.O. Box Number is Not Acceptable) 5501 B Shore Blvd. S. City Gulfport FL Zip Code 33707	

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 Emily Goodwin Emily Goodwin DATE 5/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KITTLE, ROD 620 SHORE BLVD #912 GULFPORT, FL 33707 <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	DIR ROSSO, LORI 5701 SHORE BLVD. GULFPORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. MARY O'MALLEY 2820 Beach Blvd. S. Gulfport, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCCUE, MICHAEL 3129 BEACH BLVD GULFPORT, FL 33707 <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	DIR KANE, HELGA 5501 SHORE BLVD GULFPORT, FL 33707 <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	DIR GOODWIN, EMILY TREASUR 4806 CORONADO WAY SO. GULFPORT, FL 33711 <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 exemption stated in Section 119.07(3)(i), 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: Emily Goodwin Emily Goodwin DATE 5/2/05 727-510-6275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR