

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003890

FILED
Apr 06, 2006
Secretary of State

Entity Name: GUL INTERNATIONAL, INC.

Current Principal Place of Business:

729 OCEAN BLVD.
ST. SIMONS ISLAND, GA 31522 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 21678
ST. SIMONS ISLAND, GA 31522 US

New Mailing Address:

FEI Number: 59-3398355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAUNCEY, CARL
516 MARYMAC STR. SE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPO () Delete
Name: CHAUNCEY, CARL
Address: 516 MARYMAC STR SE
City-St-Zip: LIVE OAK, FL 32064 US

Title: DOVP () Delete
Name: JOHNSTON, MATTHEW
Address: 195 HAMPTON POINT DRIVE
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: D () Delete
Name: HENDERSON, BILL
Address: 729 OCEAN BOULEVARD
City-St-Zip: SAINT SIMONS ISLAND, GA 31522

Title: DOP () Delete
Name: GUL, GUNEY
Address: 102 HIDDEN LAKES DR
City-St-Zip: BRUNSWICK, GA 31525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNEY S GUL

DOP

04/06/2006

Electronic Signature of Signing Officer or Director

Date