


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90043 033 ***150.00

DOCUMENT # P00000047622		
1. Entity Name GUMBYFOOT, INC.		

Principal Place of Business 9105 CRYSTAL COMMONS WAY TAMPA, FL 33626	Mailing Address 9105 CRYSTAL COMMONS WAY TAMPA, FL 33626
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34003368

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282004 Chg-P CR2E034 (10/03)	
4. FEI Number 52-2260366	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	
JACOBSON, RICHARD A 501 E. KENNEDY BOULEVARD SUITE 1700 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name	
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.	
SIGNATURE _____	DATE _____
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D&P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN CLIEAF, MARK	NAME	
STREET ADDRESS	PMB 2034, 3001 NORTH ROCKY POINT DR E	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D, VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Susan Van Clieaf
STREET ADDRESS		STREET ADDRESS	PMB 2034, 3001 North Rocky Point Dr E
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, Florida 33604
TITLE	<input type="checkbox"/> Delete	TITLE	D, VP, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kelly Boyden
STREET ADDRESS		STREET ADDRESS	9105 Crystal Commons Way
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, Florida 33626
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 _____	DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Jan 30, 2004 833-920-9123