


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114128
 1. Entity Name
GULF ISLAND GROUP, INC.



Principal Place of Business Mailing Address
927 TARTAN DR **927 TARTAN DR**
VENICE, FL 34293 US **VENICE, FL 34293 US**



01132006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1062665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, EMILY S
927 TARTAN DR
VENICE, FL 34293

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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 S. Adams* *Emily S. Adams* *President* *1/30/06*
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ADAMS, EMILY 927 TARTAN ST VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO MCCRACKEN, ROBERT 11124 VILLAS ON THE GREEN RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BRIGID 8 HILLTOP RD MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAILEY, LEONARD 8 HILLTOP RD MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEW, WILLIAM 919 HILLDALE DR ANTIOCH, IL 60002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW, CHERYL 918 HOFFMANDALE DR ANTIOCH, IL 60002

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 02/13/06-80057-004 150.00

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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 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: *Emily S. Adams* *1/30/06* *944-492-5775*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #