

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114128

Entity Name: GULF ISLAND GROUP, INC.

FILED  
Apr 20, 2007  
Secretary of State

## Current Principal Place of Business:

360 LYNCH COVE RD  
BLACK MOUNTAIN, NC 28711 US

## New Principal Place of Business:

2770 N. BEACH ROAD  
#103  
ENGLEWOOD, FL 34223 US

## Current Mailing Address:

360 LYNCH COVE RD  
BLACK MOUNTAIN, NC 28711 US

## New Mailing Address:

2770 N. BEACH ROAD  
#103  
ENGLEWOOD, FL 34223 US

FEI Number: 65-1062665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEA, JOHN J  
269 S OSPREY AVE STE 100  
SARASOTA, FL 34293 US

## Name and Address of New Registered Agent:

SHEA, JOHN J  
269 S OSPREY AVE STE 100  
SARASOTA, FL 34236 US

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: JOHN J. SHEA

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ADAMS, EMILY  
Address: 927 TARTAN ST  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: MCCracken, ROBERT  
Address: 11124 VILLAS ON THE GREEN  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: BAILEY, BRIGID  
Address: 8 HILLTOP RD  
City-St-Zip: MENDHAM, NJ 07945

Title: DVP ( ) Delete  
Name: BAILEY, LEONARD  
Address: 8 HILLTOP RD  
City-St-Zip: MENDHAM, NJ 07945

Title: DT ( ) Delete  
Name: NEW, WILLIAM  
Address: 919 HILLDALE DR  
City-St-Zip: ANTIOCH, IL 60002

Title: D ( ) Delete  
Name: NEW, CHERYL  
Address: 918 HOFFMANDALE DR  
City-St-Zip: ANTIOCH, IL 60002

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ADAMS, EMILY  
Address: 360 LYNCH COVE ROAD  
City-St-Zip: BLACK MOUNTAIN, NC 28711

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

Title: D (X) Change ( ) Addition  
Name: BAILEY, BRIGID  
Address: P.O. BOX 346  
City-St-Zip: OLDWICK, NJ 08858

Title: DVP (X) Change ( ) Addition  
Name: BAILEY, LEONARD  
Address: P.O. BOX 346  
City-St-Zip: OLDWICK, NJ 08858

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY ADAMS

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date