

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114128

FILED
Apr 20, 2007
Secretary of State

Entity Name: GULF ISLAND GROUP, INC.

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 HILLANDALE 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