

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000014020

1. Entity Name
GULF GIFTS & ACCESSORIES, INC.



Principal Place of Business
1905 PRINCESS COURT
NAPLES, FL 34110 US
C/O ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907		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 _____
(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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PST PARKINSON, ALAN 1905 PRINCESS COURT NAPLES, FL 34110</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Parkinson

3/30/07 239 SG1 1408

Date

Daytime Phone #

**FILED
Apr 11, 2007 8:00 am
Secretary of State**

04-11-2007 90023 039 ***150.00

40056362



02222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3718508	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required