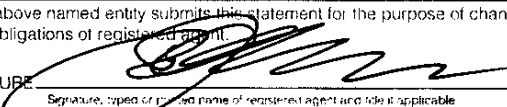
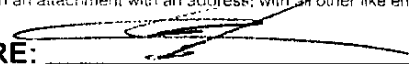


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 014 ***150.00

DOCUMENT # P01000014020 1. Entity Name GULF GIFTS & ACCESSORIES, INC.																											
Principal Place of Business 1905 PRINCESS COURT NAPLES, FL 34110 US		Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906																									
2. Principal Place of Business - No P.O. Box # 																											
Suite, Apt. #, etc. 				Suite, Apt. #, etc. JOHN M. WICKER, P.A.																							
City & State 				City & State P.O. DRAWER 60205 FORT MYERS, FL 33906																							
Zip 				Zip 																							
3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-3718508																									
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907																									
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PARKINSON, ALAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1905 PRINCESS COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>		TITLE	PST	☐ Delete	NAME	PARKINSON, ALAN		STREET ADDRESS	1905 PRINCESS COURT		CITY- ST- ZIP	NAPLES, FL 34110		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 an other like empowered. SIGNATURE:  Alan Parkinson 4/14/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Co-Signing Person #																											