


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000022757</b> <b>1. Entity Name</b> GULFSUN ENTERPRISES, INC.					
<b>Principal Place of Business</b> 4099 TAMiami TRAIL NORTH FOURTH FLOOR NAPLES, FL 34103		<b>Mailing Address</b> 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01302006    No Chg-P    CR2E034 (11/05)			
		<b>4. FEI Number</b> 59-3703453	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"><b>Applied For</b></td></tr><tr><td><b>Not Applicable</b></td></tr></table>	<b>Applied For</b>	<b>Not Applicable</b>
<b>Applied For</b>					
<b>Not Applicable</b>					
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103		<b>DO NOT WRITE IN THIS SPACE</b>			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
<b>TITLE</b>	DPT	<div>U00000424162</div> <div>02/18/06-80037-012 158.75</div>			
<b>NAME</b>	STARMAN, SHELDON W				
<b>STREET ADDRESS</b>	4099 TAMiami TRAIL NORTH FOURTH FLOOR				
<b>CITY - ST - ZIP</b>	NAPLES, FL 34103				
<b>TITLE</b>	VS				
<b>NAME</b>	BUDD, DAVID G				
<b>STREET ADDRESS</b>	3033 RIVIERA DRIVE, STE 201				
<b>CITY - ST - ZIP</b>	NAPLES, FL 34103	<b>DO NOT WRITE IN THIS SPACE</b>			
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<b>CITY - ST - ZIP</b>					
<b>TITLE</b>					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>1/30/06</b> <b>(239) 263-7700</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			
<b>DAVID G. BUDD, VICE PRESIDENT</b>					