
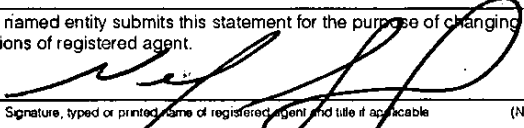
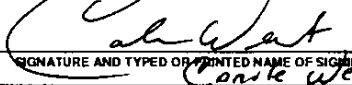


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90233 035 ***150.00

DOCUMENT # P01000086221			
1. Entity Name GULFSTREAM POWER SYSTEMS, INC.			
Principal Place of Business 3985 GATEWAY CENTRE BOULEVARD SUITE 170 PINELLAS PARK FL 33782		Mailing Address 3985 GATEWAY CENTRE BOULEVARD SUITE 170 PINELLAS PARK FL 33782	
2. Principal Place of Business 9800 4th St. N		3. Mailing Address 9800 4th St. N	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33702	Country US	Zip 33702	Country US
6. Name and Address of Current Registered Agent FOSS, EDWIN R 3985 GATEWAY BLVD. #170 PINELLAS PARK FL 33782		7. Name and Address of New Registered Agent Name: Nelson Gonzalez Street Address (P.O. Box Number is Not Acceptable) 9800 4th St. N Suite 206 City: St. Petersburg FL Zip Code: 33702	
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:  Nelson Gonzalez 1/28/05 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, NELSON 3985 GATEWAY CENTRE BOULEVARD SUITE 170 PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez, Nelson 9800 4th St. N Suite 206 St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WEST, CAROLE 3985 GATEWAY CENTRE BOULEVARD SUITE 170 PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS West, Carole 9800 4th St. N Suite 206 St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  CFO		1/28/05 727-563-9770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Carole West		Date Daytime Phone #	