

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**



|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # P01000086221</b><br>1. Entity Name<br><b>GULFSTREAM POWER SYSTEMS, INC.</b>   |  |         |   |   |  |
| Principal Place of Business<br><b>9800 4TH ST N<br/>206<br/>SAINT PETERSBURG FL 33702</b>   |  |         | Mailing Address<br><b>9800 4TH ST N<br/>206<br/>SAINT PETERSBURG FL 33702</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | Zip   |  |
| Country   |  | Country |   | 4. FEI Number <b>59-3741556</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |   | 6. Name and Address of Current Registered Agent<br><br><b>GONZALEZ, NELSON<br/>9800 4TH ST N, STE 206<br/>SAINT PETERSBURG FL 33702</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |         |   |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |         |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE PD<br>NAME GONZALEZ, NELSON <input type="checkbox"/> Delete<br>STREET ADDRESS 9800 4TH ST N, STE 206<br>CITY-ST-ZIP SAINT PETERSBURG FL 33702   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME 1000000531793<br>STREET ADDRESS 05/06/06-80060-001 150.00<br>CITY-ST-ZIP |   |  |
| TITLE VPS<br>NAME WEST, CAROLE <input type="checkbox"/> Delete<br>STREET ADDRESS 9800 4TH ST N, STE 206<br>CITY-ST-ZIP SAINT PETERSBURG FL 33702  |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>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 Section 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: <u>Carole West</u> <span style="float: right;">4/19/06 727-562-9770</span><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>   |  |         |   |   |  |