

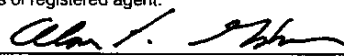
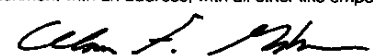


**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90094 047 \*\*\*150 00

<b>DOCUMENT # P02000000654</b>						<b>Secretary of State</b> 05-05-2005 90094 047 ***150.00	
1. Entity Name <b>GORDON ENTERPRISES, INC.</b>							
Principal Place of Business 112 S. MATANZAS AVE. TAMPA, FL 33609		Mailing Address 112 S. MATANZAS AVE. TAMPA, FL 33609					
2. Principal Place of Business		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 <b>SPIEGEL &amp; UTRERA, P.A.</b> 1840 SW 22 ST., 4TH FL MIAMI, FL 33145				7. Name and Address of New Registered Agent Name <b>Gordon, Alan F., Pres. DPST</b> Street Address (P.O. Box Number is Not Acceptable) <b>112 S. Matanzas Ave.</b> <b>Tampa</b> City <b>FL</b> Zip Code <b>33609</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. SIGNATURE  <span style="float: right;">4/30/05</span> <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 \$550.00</b> <b>Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPST GORDON, ALAN F 112 S. MATANZAS AVE. TAMPA, FL 33609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dir. Gordon, LeNoir Y. 112 S. Matanzas Ave. Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dir. Lewellyn, Brian J. 12302 Forest Hills Dr. Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dir. Forbes, Don 805 Kilgore Rd. Plant City, FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dir. Garske, Matthew 4351 Dunbarton Ave. Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dir. Flowers, Chad 806 E. Diana St. Tampa, FL 33604 <input type="checkbox"/> Change <input checked="" 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	
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:  <b>ALAN F. GORDON</b>				4/30/05 813-875-8611			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			