2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED DOCUMENT # P02000050336** Apr 25, 2008 08:00 AN Secretary of State 1. Entity Name **GULF ISLAND HOMES, INC.** Principal Place of Business Mailing Address 1111 SWALLOW AVE #402 1111 SWALLOW AVE #402 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 CR2E034 (11/05) 04222008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0009016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHNEIDER, MARTHA DO NOT WRITE 1111 SWALLOW AVE #402 MARCO ISLAND, FL 34145 IN THIS SPACE 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 game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE FRIEDMAN, JEFFREY H NAME 1111 SWALLOW AVE #402 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE SCHNEIDER, EDWARD A NAME U00000922229 05/15/08-80037-022 150.00 STREET ADORESS 1111 SWALLOW AVE #402 CFTY-ST-ZIP MARCO ISLAND, FL 34145 TITLE NADEAU, DAVID A NAME STREET ADDRESS 1325 BAYPORT AVE DO NOT WRITE CITY-ST-ZIP MARCO ISLAND, FL 34145 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: John Fice on Printed NAME OF SIGNING OFFICER OR BIRECTOR H. Friedman 4-23-07 (239) 393-0208