FOR PROFIT CORPORATION

## FILED Aug 25, 2003 8:00 am Secretary of State

UNIFORM	BUSINESS	REPORT	T JE	JBR
DOCUMENT # 1	$\frac{1}{2}$	-21127	77 7	$\Pi \square$

08-20-2003 90052 019 \*\*\*150.00 08-25-2003 90110 040 \*\*\*150.00 GULF BEACH GIFTS. COM. DO NOT WRITE IN THIS SPACE Principal Place of Business 550GULF BLVD 50 GUL Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1N)T444 WIT 444 Applied For 4. FEI Number City & State U. REDINGTON, BENCH Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE 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 the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** 10. PRESIDENT CR2E034B (12/02) TITLE TITLE 5 NAME RICHARD NUNLIST NAME . NASON GULFBLUD UNIT 752 NAREDINGTON BEACH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... TITLE VICE PRESIDENT NAME NAME ANCEL DOWNEY SO GULK BLVD, UNIT 444 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST ZIP TITLE NAME NAME: STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP City-St-ZP TITLES IN THIS SPACE NAME NAME, STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered.

NAME

MLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Attachment Aug 2), 2003 Dear Sir/madam as I explained to your office the corporation was fust formed last year and I was not aware of the need for filing of this report until July of this year.

Per instructions from your office I have enclosed my check for 150,00. Sincerty Jovens