2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P02000089332

Entity Name: GAPCRI INCORPORATED

Current Principal Place of Business:

4025 W WATERS AVE
106
TAMPA, FL 33614

New Principal Place of Business:

23110 STATE ROAD 54
227
LUTZ, FL 33549

Current Mailing Address:

18331 PINES BLVD
226
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 27-0027090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAZAR, CRISTINA
4025 W WATERS AVE
106
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SALAZAR, CRISTINA
23110 STATE ROAD 54
227
LUTZ, FL 33549 US

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.

SIGNATURE: 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SALAZAR, CRISTINA
Address: 4025 W WATERS AVE #106
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: SALAZAR, GABRIELA
Address: 4025 W WATERS AVE #106
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SALAZAR, CRISTINA
Address: 23110 STATE ROAD 54
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition
Name: SALAZAR, GABRIELA
Address: 23110 STATE ROAD 54
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA SALAZAR D 05/01/2006
Electronic Signature of Signing Officer or Director — Date