2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Name GULLCO ENTERPRISES INC.			Secretary of State			
Principal Place 7759 SW 18 MIAMI, FL 3	34TH WAY	Mailling Address 7759 SW 184TH WAY MIAMI, FL 33157				
}	O NOT WRITE I	N THIC COM	^E	04222005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE.	4. FEI Number 74-30609	129	Applied For Not Applicat
		on the second		5. Certificate of		\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent				
CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registe	red agent, or both, i	in the State of Florid	da, I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signalure require	d when reinstelland)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing\$5	.00 May Be ded to Fees	<u>ada (1) kilonga kata (</u>	
10.	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D GULLEY, CLINTON 7759 SW 184TH WAY MIAMI, FL 33157	and the second second				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D GULLEY, MARGARET T 7759 SW 184TH WAY MIAMI, FL 33157				0000003 04/29/05-6	341250 90008-006 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO N	OT W	RITE

12. I hereby certify that the information supplied with this filling 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: \(\omega\)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 305 2543329

IN THIS SPACE