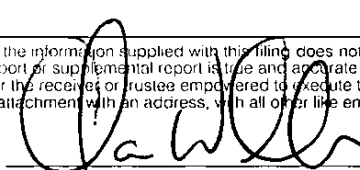


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90016 041 ***150.00

DOCUMENT # P02000095460 1. Entity Name GULF BREEZE HOTEL GROUP, INC.			
Principal Place of Business 25 W. CEDAR ST. STE. 313 PENSACOLA, FL 32501		Mailing Address 25 W CEDAR ST, STE 313 PENSACOLA, FL 32501	
2. Principal Place of Business - No P.O. Box # 220 S. Palafox		3. Mailing Address 220 S. Palafox	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32502		Zip 32502	
Country 		Country USA	
4. FEI Number 71-0902196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ALAN D 25 W CEDAR ST, STE 313 PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name W. Williams, Alan D Street Address (P.O. Box Number is Not Acceptable) 220 S. Palafox Pl City PENSACOLA FL 32502	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, ALAN D 25 W CEDAR STREET UNIT 313 PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP W. Williams, ALAN D 220 S. Palafox Pl PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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
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
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
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 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.			
SIGNATURE: 		Date 2/26/08 Daytime Phone # 8507123119	