2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM DOCUMENT # P02000101196 **Secretary of State** G B & SONS INVESTMENTS, CORP. Mailing Address Principal Place of Business 4748 LAKE CALABAY DR. 4748 LAKE CALABAY DR. ORLANDO, FL 32874 ORLANDO, FL 32874 CR2E034 (11/05) 01122006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3656008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARVELO, GUSTAVO DO NOT WRITE 4748 LAKE CALABAY DR. ORLANDO, FL 32874 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ARVELO, GUSTAVO NAME STREET ADDRESS 4748 LAKE CALABAY DR. ORLANDO, FL 32874 CITY-ST-ZIP U00000389582 01/20/06-80051-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 tree 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 efficiency of the corporation of the receiver or trustee efficiency of the corporation of the corporation of the receiver or trustee efficiency of the corporation of the corporation of the receiver or trustee efficiency of the corporation of the

SIGNATURE:

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR