


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000106359</b>			
<b>1. Entity Name</b> GULFTEC SALES, INC.			
<b>Principal Place of Business</b> 937 SYMPHONY ISLES BLVD APOLLO BEACH FL 33572		<b>Mailing Address</b> 937 SYMPHONY ISLES BLVD APOLLO BEACH FL 33572	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
YEO, WENDY ANN 937 SYMPHONY ISLES BLVD APOLLO BEACH FL 33572		Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>	



1st MOORE      CR2E034 (10/05)

<b>4. FEI Number</b> 54-2076849	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 re-registering)      **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D YEO, MALCOLM S	<input type="checkbox"/> Delete	TITLE	U00000551936 05/19/06-80117-015 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEO, MALCOLM S		NAME		
STREET ADDRESS	937 SYMPHONY ISLES BLVD		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		CITY-ST-ZIP		
TITLE	D YEO, WENDY ANN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEO, WENDY ANN		NAME		
STREET ADDRESS	937 SYMPHONY ISLES BLVD		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Shundy M Yeo Wendy W Yeo 4/23/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 813 645 61