



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90231 002 \*\*\*150.00

<b>DOCUMENT # P02000121943</b>					
<b>1. Entity Name</b> GUMBA'S MARKETING, INC.					
<b>Principal Place of Business</b> 661 ADRIAN PARK CIRCLE KISSIMMEE, FL 34744			<b>Mailing Address</b> 717 EAST OAK STREET KISSIMMEE, FL 34744		
<b>2. Principal Place of Business</b> 17807 Berry Oaks Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Spring, TX		<b>City &amp; State</b>		<b>4. FEI Number</b> 51-0434754	
<b>Zip</b> 77379		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SWART, HARRY J CPA 661 ADRIAN PARK CIRCLE KISSIMMEE, FL 34744			<b>7. Name and Address of New Registered Agent</b> Name: <u>Harry J. Swart, CPA</u> Street Address (P.O. Box Number is Not Acceptable): <u>717 East Oak Street</u> City: <u>Kissimmee,</u> <u>FL</u> Zip Code: <u>34744</u>		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DPT COLACI, SALVATORE 661 ADRIAN PARK CIRCLE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVPS COLACI, MICHELE 661 ADRIAN PARK CIRCLE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	17807 Berry Oaks Lane Spring, TX 77379				
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<b>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 information empowered.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/11/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					