

2005 FOR PROFIT CORPORATION ANNUAL REPORT


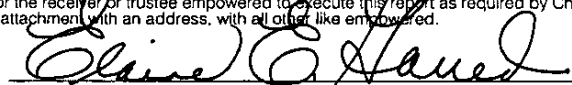
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Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90250 021 ***158.75

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000125126			
1. Entity Name GAP METALS, INC.			
Principal Place of Business 2101 CORPORATE BLVD STE 101 BOCA RATON, FL 33431		Mailing Address 2101 CORPORATE BLVD STE 101 BOCA RATON, FL 33431	
2. Principal Place of Business 6290 LINTON BLVD Suite, Apt. #, etc. SUITE 101 City & State DELRAY BEACH FL Zip 33484 Country		3. Mailing Address 6290 LINTON BLVD Suite, Apt. #, etc. SUITE 101 City & State DELRAY BEACH FL Zip 33484 Country	
4. FEI Number 01-0755790		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHULLMAN, STEVEN J 2101 CORPORATE BLVD STE 101 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name SHULLMAN, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 6290 LINTON BLVD SUITE 101 City DELRAY BEACH FL Zip Code 33484	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 GOULD, ELAINE E DP 16758 KNIGHTSBRIDGE LANE BOCA RATON, FL 33484 <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	DVP PERITZMAN, ADELE DVP 7529 SAN MATEO DR. E. BOCA RATON, FL 33433 <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
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 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: 		4/18/05 561-893-9030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	