
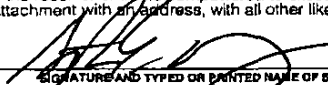


**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90130 019 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000011166</b>			
1. Entity Name GIDEON REALTY & MORTGAGE SERVICES, INC.			
Principal Place of Business 15975 S.W. 2ND STREET SUNRISE, FL 33326		Mailing Address 15975 S.W. 2ND STREET SUNRISE, FL 33326	
2. Principal Place of Business 2335 SEA HORSE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2335 SEA HORSE DRIVE Suite, Apt. #, etc.	
City & State MELBOURNE BEACH, FL		City & State MELBOURNE, FL	
Zip 32951	Country USA	Zip 32951	Country USA
4. FEI Number 14-1868205		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUGAR, STEPHEN E 15975 S.W. 2ND STREET SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2335 SEA HORSE DRIVE MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUGAR, DIANA M 15975 S.W. 2ND STREET SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2335 SEA HORSE DRIVE MELBOURNE BEACH, FL 32951 <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 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 my address, with all other like empowered.			
SIGNATURE: 		STEPHEN E. MUGAR (321) 723-6206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	