


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-14-2005 90059 047 ***150.00

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| DOCUMENT # P03000021017 |  |
| 1. Entity Name GULF MANAGEMENT ASSOCIATES INC. | |

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| Principal Place of Business 1632 BONITA COURT NAPLES, FL 34102 US | Mailing Address C/O RICHARD SHAFNER PO BOX 671 NAPLES, FL 34106 US |
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| 2. Principal Place of Business 1565 MULLET LANE | 3. Mailing Address |
|---|---------------------------|

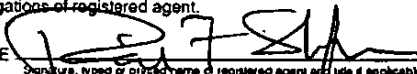
| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|---------------------------------------|-------------------------|
| City & State NAPLES FL. | City & State |
|---------------------------------------|-------------------------|

| | | | |
|---------------------|----------------------|------------|----------------|
| Zip 34102 | Country US | Zip | Country |
|---------------------|----------------------|------------|----------------|

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| 6. Name and Address of Current Registered Agent SHAFNER, RICHARD F 1632 BONITA COURT NAPLES FL FL 34-102 | 7. Name and Address of New Registered Agent Name: RICHARD F. SHAFNER Street Address (P.O. Box Number is Not Acceptable) 1565 MULLET LANE City: NAPLES FL Zip Code: 34102 |
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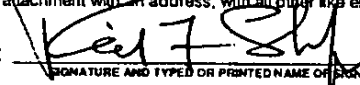
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SHAFNER, RICHARD F 1632 BONITA COURT NAPLES FL 34106 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1565 MULLET LANE NAPLES FL. 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANGE OF ADDRESS |
| 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 |
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| 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:  2/9/05 (239) 417-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #