2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

ANNUAL KEPURI				Jan 25, 2000 00:00 11			
1. Entity Nan	MENT # P03000		Secretary of State			e	
GULF CC	DASI PROPERTY ACC	QUISITION GROUP, INC.					
Principal Plac 10055 GULF	ce of Business	Mailing Address 10055 GULF BLVD.					
	SLAND, FL 33706 US	TREASURE ISLAND, FL 3370	6				
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DO NOT WRITE IN THIS SPA			CE	01162006 No Chg-P CR2E034 (11/05)			
				4. FEI Number 56-23374	51	Applied For Not Applica	
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of C	urrent Registered Agent	-	-		• • •	
GIFFORD, PAUL V JR. 10055 GULF BLVD				DO N	IOT WE	RITE	
IREASUR	RE ISLAND, FL 33706			IN TI	HIS SPA	ACE	
• The shows	against parity property this state	les it					
the obligat	tions of registered agent.	ment for the purpose of changing its registe	rea office or register	ed agent, or both,	in the State of Flori	da. I am familiar with, and acce	pt
SIGNATURE	Signature, typed or printed name of register	ed agent and site if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	<u> </u>	DATE	
	E NOW!!! FEE IS \$150. ay 1, 2006 Fee will be \$		~	.00 May Be ed to Fees		 	
10.	OFFICER	S AND DIRECTORS	<u> </u>				<u></u> -
TITLE NAME	PRES GIFFORD, PAUL V JR	F	1				
STREET ADDRESS CITY+ST-ZIP	10055 GULF BLVD TREASURE ISLAND, FL						
TITLE	THE BOTTE ISBNO, TE	20700	1			-	
NAME STREET ADDRESS	•				Unan	00399281	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	_		02/01/0	6-80003-018 150,	. []
NAME							
STREET ADDRESS CITY - ST - ZIP				DO N	IOT WI	RITE	
TITLE		•		- IN TI	HIS SP	ACE	
NAME STREET ADDRESS				*****			
CITY-ST-ZIP			-[
title Name							
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME CERCE ADDRESS			[

12. I hereby certify that the Information supplied with this filling 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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Paul V. Gifford, Jr.

1/18/06

727-367-4411

Date

Daytime Phone #