2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P03000054050 03-23-2006 90007 028 ***150.00 **GBMP INVESTMENT CORPORATION** Principal Place of Business Mailing Address 17395 FOXTRAIL LANE 17395 FOXTRAIL LANE LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address SANSBURY 975 SANSBUR 03122006 CR2E034 (11/05) Cha-P sle City & State 4 EEI Number Applied For City & State NEST 30-0185163 Not Applicable BEACH Zip Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTLEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 17395 FOXTRAIL LANE LOXAHATCHEE, FL 33470 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change Addition TITLE BARTLEY, MICHAEL NAME NAME 17395 FOXTRAIL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE, FL 33470 MGR ☐ Addition ☐ Delete ☐ Change TITLE BARTLEY, PATTIAN NAME NAME STREET ADDRESS STREET ADDRESS 17395 FOXTRAIL LANE CITY+ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TETLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ■ Addition ☐ Detete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the true 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 attach

OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED