2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055676 1. Entity Name GULF BREEZE RESORTS, INC.

Principal Place of Business

3015 N.OCEAN BOULEVARD Suite 121

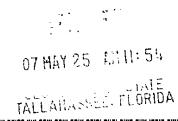
FORT LAUDERDALE, FL 33308



Mailing Address

3015 N.OCEAN BOULEVARD SUITE 121

FORT LAUDERDALE, FL 33308





DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1566648

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A 3015 N OCEAN BLVD. STE. 121 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

PORT EAGDERDALE, TE 33300						
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title i	t applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPS FOSTER, REBECCA A 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308 DVT LANDAU, MARC J 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308			000104253200 06/12/0701006001 **6295.00		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-7IP				Mannas		

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 account 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 flustee 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

454,563.2444

Date