₹2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State DOCUMENT # P03000065786 GULFSTREAM MININING SERVICES, INC. Principal Place of Business Mailing Address 3185 VIA ABITARE WAY 3185 VIA ABITARE WAY COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0521070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GULFSTREAM FINANCIAL ADVISORS, INC. DO NOT WRITE 3185 VIA ABITARE WAY COCONUT GROVE, FL 33133 IN THIS SPACE 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MASSEY, STEPHEN NAME STREET ADDRESS 3185 VIA ABITARE WAY CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE U00000545843 NAME 05/11/06-80093-017 150.00 STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE NAME

IN THIS SPACE

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 or tristee 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 ghet like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> STEPHEN SIGNATURE AND TYPED OR SPINTED NA