
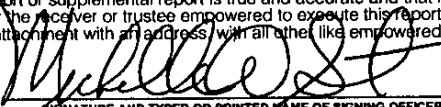


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90304 002 \*\*\*158.75

<b>DOCUMENT # P03000068609</b> 1. Entity Name <b>G &amp; G MONEY SHACK, INC.</b>					
Principal Place of Business <b>107 FIRST STREET MELROSE, FL 32666</b>			Mailing Address <b>107 FIRST STREET MELROSE, FL 32666</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 479</b> Suite, Apt. #, etc.		
City & State <b>MELROSE, FLA.</b>			4. FEI Number <b>56-2371385</b>		
Zip <b>32666</b>			Country <b>USA</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>GUNTER, MICHELLE W 107 1ST STREET MELROSE, FL 32666</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>GUNTER, MICHELLE W 107 FIRST STREET MELROSE, FL 32666</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>MICHELLE W. GUNTER P.O. BOX 479 MELROSE, FLA. 32666</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GUNTER, RICHARD L 107 FIRST STREET MELROSE, FL 32666</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RICHARD L. GUNTER P.O. BOX 479 MELROSE, FLA 32666</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WHITE, SUZANNE C 7560 NW 1ST COURT PEMBROKE PINES, FL 33024</b> <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	S <b>MCNEIL, DOROTHY H 418 N STATE RD 21 HAWTHORNE, FL 32640</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DOROTHY H. MCNEIL 422 N. STATE RD. 21 HAWTHORNE, FLA. 32640</b> <input checked="" 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		
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 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.					
<b>SIGNATURE:</b> 			<b>3/21/06 (352) 258-6492</b> <small>Date Daytime Phone #</small>		