

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # PQ3000075830 1. Entity Name STEPHEN P. GULEFF ENTERPRISES, INC.	
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Principal Place of Business 405 CANAL POINT NORTH, #104 DELRAY BEACH, FL 33444	Mailing Address 405 CANAL POINT NORTH, #104 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2675701	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

GULEFF, STEPHEN P
405 CANAL POINT NORTH, #104
DELRAY BEACH, FL 33444

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9. 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.

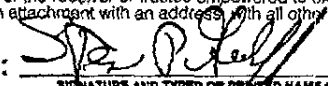
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	000000506664 04/27/06-80031-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULEFF, STEPHEN P 405 CANAL POINT NORTH, #104 DELRAY BEACH, FL 33444
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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.

SIGNATURE:  STEPHEN P. Guleff	4-10-06	361-243-3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #