



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 022 ***150.00

DOCUMENT # P03000118255 1. Entity Name GARY SURATT, INC.					
Principal Place of Business 5937 PENNY ROYAL ROAD WESLEY CHAPEL, FL 33544			Mailing Address 5937 PENNY ROYAL ROAD WESLEY CHAPEL, FL 33544		
2. Principal Place of Business 4148 Lado Drive Suite, Apt. #, etc.		3. Mailing Address 4148 Lado Drive Suite, Apt. #, etc.			
City & State Wesley Chapel, FL Zip 33543 Country Pasco		City & State Wesley Chapel, FL Zip 33543 Country Pasco		4. FEI Number 20-0325092	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent H.B. ROSS & CO. 5243 GALL BLVD. SUITE 4 ZEPHYRHILLS, FL 33542			7. Name and Address of New Registered Agent Name Gary Suratt Street Address (P.O. Box Number is Not Acceptable) 4148 Lado Drive City Wesley Chapel FL Zip Code 33543		
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: <i>Gary Suratt</i> (NOTE: Registered Agent signature required when reinstating) DATE: 03/22/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY, SURATT 4148 LADO DR. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
SIGNATURE: <i>Gary Suratt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 03/22/06 Daytime Phone #: 813-220-0594			

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