


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90420 044 ***150.00

DOCUMENT # P03000123324 1. Entity Name GUTI GENERAL BUSINESS, INC.																															
Principal Place of Business NAPLES/222 INDUSTRIAL BLVD #173 NAPLES, FL 34104		Mailing Address 222 INDUSTRIAL BLVD #173 NAPLES, FL 34104																													
2. Principal Place of Business 222 Industrial Blvd		3. Mailing Address 222 Industrial Blvd																													
Suite, Apt. #, etc. 139		Suite, Apt. #, etc. 139																													
City & State Naples, FL		City & State Naples, FL																													
Zip 34104		Zip 34104																													
Country 		Country 																													
4. FEI Number 02-0710894		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GUTIERREZ, CARLOS E 222 INDUSTRIAL BLVD STE 173 NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Gutierrez, Carlos E Street Address (P.O. Box Number is Not Acceptable) 222 Industrial Blvd 139 City Naples FL Zip Code 34104																													
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 <u>Carlos Gutierrez</u> (NOTE: Registered Agent signature required when reinstating) DATE _____																															
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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD GUTIERREZ, CARLOS E <input type="checkbox"/> Delete 2619 RIVER RIDGE DRIVE NAPLES, FL 34234 </td> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> VD GUTIERREZ, ANDRES F <input type="checkbox"/> Delete 2619 RIVER RIDGE DRIVE NAPLES, FL 34234 </td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, CARLOS E <input type="checkbox"/> Delete 2619 RIVER RIDGE DRIVE NAPLES, FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	VD GUTIERREZ, ANDRES F <input type="checkbox"/> Delete 2619 RIVER RIDGE DRIVE NAPLES, FL 34234		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Carlos Gutierrez</u> 4/14/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																															