


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90254 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---------------------|---|---|---|-----------------------------------|
| DOCUMENT # P04000057186 | | | |  | |
| 1. Entity Name GULF COAST REAL ESTATE PROPERTIES, INC | | | | | |
| Principal Place of Business 4465 PLACIDA ROAD ENGLEWOOD, FL 34224 | | Mailing Address 4465 PLACIDA ROAD ENGLEWOOD, FL 34224 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite Apt. # etc. | | Suite Apt. # etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FCI Number 56-2457242 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HRADILEK, H. RAY 4465 PLACIDA ROAD ENGLEWOOD, FL 34224 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number's Not Acceptable) | | | Street Address (P.O. Box Number's Not Acceptable) | | |
| City | | | City | | |
| FL | | | FL | | |
| Zip Code | | | 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: <i>Henry Ray Hradilek</i> OWNER-PRESIDENT <i>Henry Ray Hradilek</i> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HRADILEK, H. RAY | | NAME | | |
| STREET ADDRESS | 4465 PLACIDA ROAD | | STREET ADDRESS | | |
| CITY ST ZIP | ENGLEWOOD, FL 34224 | | CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY ST ZIP | | | CITY ST ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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 a "other" like empowered. | | | | | |
| SIGNATURE: <i>Henry R. Hradilek</i> OWNER, <i>Henry Ray Hradilek</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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04202005 Chg-P CR2E034 (10/03)