

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90002 005 \*\*\*150.00

<b>DOCUMENT # P04000072131</b>					
<b>1. Entity Name</b> THE GORFAM GROUP, INC.					
<b>Principal Place of Business</b> 12252 NW 32ND MANOR SUNRISE, FL 33323 US			<b>Mailing Address</b> 12252 NW 32ND MANOR SUNRISE, FL 33323 US		
<b>2. Principal Place of Business</b> 1604 TROTTERS BEND TRAIL Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1604 TROTTERS BEND TRAIL Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 32225		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GORDON, BENJAMIN A 12252 NW 32ND MANOR SUNRISE, FL 33323			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> GORDON, BENJAMIN A <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1604 TROTTERS BEND TRAIL <b>City</b> JACKSONVILLE <b>FL</b> <b>Zip Code</b> 32225		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>DATE</b> 6/14/06  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GORDON, BENJAMIN A <b>STREET ADDRESS</b> 12252 NW 32ND MANOR <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> GORDON, BENJAMIN A <b>STREET ADDRESS</b> 1604 TROTTERS BEND TRAIL <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GORDON, LISHA S <b>STREET ADDRESS</b> 12252 NW 32ND MANOR <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> GORDON, LISHA S <b>STREET ADDRESS</b> 1604 TROTTERS BEND TRAIL <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DATE</b> 6/14/06 <b>Daytime Phone #</b> 904-521-2629		