2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-2IP

SIGNATURE:

May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000115617 CENTRY Name GULFSTREAM PROPERTY MANAGEMENT OF INDIAN RIVER COUNTY, INC. Principal Place of Business Malling Address 1635 20TH PLACE S.W. VERO BEACH, FL 32962 1635 20TH PLACE S.W. VERO BEACH, FL 32962 No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0874412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KISTLER, JOHN P JR. DO NOT WRITE 4412 5TH PL SW VERO BEACH, FL 32968 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) U00000549807 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/13/06-80035-013 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME CALLOWAY, JAMIE M STREET ADDRESS 1635 20TH PLACE S.W. VERO BEACH, FL 32962 CITY-ST-ZIP T(TLF)NAME STREET ADDRESS CITY-ST-219 TITLE NAME STREET ADDRESS DO NOT WRITE CCTY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or true 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED