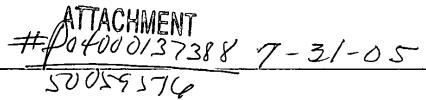
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000137388** 1. Entity Name GYPSEAS, INC. 08-03-2005 90060 035 ***150.00 Principal Place of Business Mailing Address 4370 CARAWAY PLACE P.O. BOX 470838 9166000 SANFORD, FL 32771 LAKE MONROE, FL 32747 2. Principal Place of Business ACHTO 07072005 CR2E034 (10/03) Chg-P 4. FEI Number 20-2097048 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUECKMAD BRUECKMAN, MARY BETH Street Address (P.O. Box Number is Not Acceptable) 4370 CARAWAY PLACE SANFORD, FL 32771 CLUB SE. 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D.P Delete TITLE RUCKHAN, MARBETT Change BRUECKMAN, MARY BETH NAME NAME 1Acht club DR#302 4370 CARAWAY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP BRUCKHAN, MARTBETH & Change 21/ACht Club SR. #302 T.S TITLE 😾 Delete BRUECKMAN, MARY BETH NAME STREET ADDRESS 4370 CARAWAY PLACE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP TITLE TITLE 📆 Delete NAME LOBOZZO, RICHARD NAME STREET ADDRESS 4370 CARAWAY PLACE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP - Delete TITLE LOBOZZO, RICHARD ZITACHTCLUBOR. #302 NAME STREET ADDRESS 4370 CARAWAY PLACE STREET ADDRESS ORTH PALM BEACH, FL 33408 SANFORD, FL 32771 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED



We received our check for \$ reterned due to lack of a 20 Innual Report form However never received a form to Co Thankyou,