


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90017 022 ***150.00

DOCUMENT # P05000015484
 1. Entity Name
 GOURLEY ENTERPRISE, INC.



Principal Place of Business Mailing Address
 1746 SE 29TH LANE 1746 SE 29TH LANE
 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

40096010



DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2157430	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOURLEY, SARA J
 1746 SE 29TH LANE
 CAPE CORAL, FL 33904

DO NOT WRITE 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.

SIGNATURE: X *Gourley Sara* *Sara Gourley* 3-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOURLEY, SARA 1746 SE 29TH LANE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gourley Sara 2225 NE 6th Ave Cape Coral FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	↑ NEW Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X *Sara Gourley* *Sara Gourley* 3-17-07 239-633-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #