

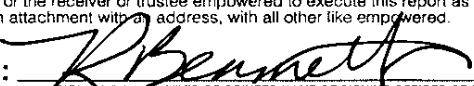


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90237 037 \*\*\*150.00

<b>DOCUMENT # P05000072825</b> 1. Entity Name <b>GUNN DEVCON, INC.</b>					
Principal Place of Business <b>46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>			Mailing Address <b>2106 BISPHAM ROAD SUITE B SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box # <b>2106 Bispham Rd.</b>		3. Mailing Address <b>46 N. Washington Blvd.</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. <b>Suite 1</b>			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>59-2214669</b>	
Zip <b>34231</b>		Country <b>34236</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVS BENNETT, RICHARD B 7303 PERIWINKLE DRIVE SARASOTA, FL 34231</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Richard B. Bennett, President			Date: <b>4/10/07</b> Daytime Phone #: <b>941 924-8786</b>		