


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 043 ***158.75

DOCUMENT # P05000073825		
1. Entity Name G & S VENTURES / HOMEFINDERS INC		

Principal Place of Business 103 VIMES RD. DE FUNIAK SPRINGS, FL 32435	Mailing Address 103 VIMES RD. DE FUNIAK SPRINGS, FL 32435
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2. Principal Place of Business 1070 SAGEBRUSH TRAIL Suite, Apt. #, etc.	3. Mailing Address 1070 SAGEBRUSH TRAIL Suite, Apt. #, etc.
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City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32534	Country Escambia



01242006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3823730	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHERMAN, RICHARD 103 VIMES RD. DE FUNIAK SPRINGS, FL 32435	
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7. Name and Address of New Registered Agent Name SHERMAN RICHARD Street Address (P.O. Box Number is Not Acceptable) 1070 SAGEBRUSH TRAIL City PENSACOLA FL Zip Code 32534	
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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 Richard Sherman (NOTE: Registered Agent signature required when reinstating) DATE April 4, 2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHERMAN, RICHARD 103 VIMES RD. DE FUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALLET, MAUREEN 103 VIMES RD. DE FUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHERMAN, RICHARD 1070 SAGEBRUSH TRAIL PENSACOLA FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, MAUREEN 1070 SAGEBRUSH TRAIL PENSACOLA FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Sherman Richard Sherman 4/4/06 916 202-5932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #