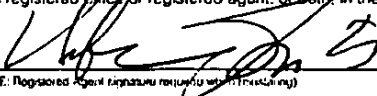
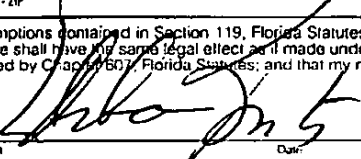


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-21-2006 90021 047 ***150.00

DOCUMENT # P05000076602 1. Entity Name GULF HARBOUR REAL ESTATE, INC.					
Principal Place of Business 15880 SUMMERLIN RD SUITE 300, STE 102 FORT MYERS FL 33908 US			Mailing Address 15880 SUMMERLIN RD SUITE 300, STE 102 FORT MYERS FL 33908 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0569580	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name J. Urban Boutin Street Address (P.O. Box Number is Not Acceptable) 15880 Summerlin Rd Ste 300/102 City Fort Myers State Florida Zip Code FL 33908	
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 J. Urban Boutin  DATE 2/7/06 (NOTE: Registered Agent signature required when effecting change)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D - ☐ Delete NAME BOUTIN, JOSEPH U STREET ADDRESS 15880 SUMMERLIN RD, STE 300, STE 102 CITY-STATE-ZIP FORT MYERS FL 33908			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 601, 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: J. Urban Boutin Director  DATE 2/7/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					