## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P05000079703  1: Entity Name GREY GULL INVESTMENTS, INC.						05-01-2008 9			
Principal Place	e of Business	Mailing Address		<u> </u>	4				
29656 US HWY 19 NORTH - STE 100 CLEARWATER, FL 33761		28059 US HWY 19 NORTH - STE 302 CLEARWATER, FL 33761		PARTON IN A	17 <b>91 8</b> 1141 <b>82</b> 111 <b>8</b> 2111 82111	88H1 189H 18H	1 1891 <b>4918</b> 8 101	1001 IL 1001	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
2805	9 U.S. Hwy 19 N.					IIA1 A110 BA111 BAIR BAIR		i 18311 UB180 III.	)BB
Suite, Apt. #, etc. # 3 <i>0</i> 2_		Suite, Apt. #, etc.		04152008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 20-3016	419			plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered A	gent	<u>م</u>
MINIEDI	CADI N			Name					
MINIERI, CARL N 28059 US HWY 19 NORTH - STE 302 CLEARWATER, FL 33761			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or register	red agent, or both	in the State of Flor	rida. I am fa	I amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (NOT	6: Receiere	d Agent signature required	Luiten coinstatuo)		DATE	<del></del>	
l	Signature, types or present the to be registered again.	and the nappadoon. (110)	a. mogratore	o do ad. iaia. a . adai. ac			DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
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10.	OFFICERS AND PRES	Trust Fund Cont	11.	Add	led to Fees	HANGES TO OFFI		DIRECTORS	S IN 11
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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 repetiver or flustee 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:

ATURE AND TYPED OR PRINTED MAME OF BIGNING OFFICER OR DIRECT

4-15-08

727.458.3252