

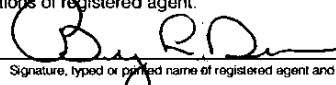


2006 FOR PROFIT CORPORATION ANNUAL REPORT

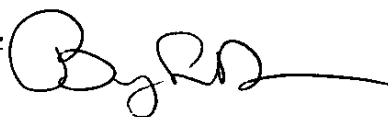
FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90139 023 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P05000083677 1. Entity Name GP WINTER HAVEN INC. | | | |  | |
| Principal Place of Business 412 CYPRESS GARDENS BLVD., S.E. WINTER HAVEN, FL 33880 | | | | Mailing Address 412 CYPRESS GARDENS BLVD., S.E. WINTER HAVEN, FL 33880 | |
| 2. Principal Place of Business 412 Cypress Gardens Blvd S.E. Suite, Apt. #, etc. | | 3. Mailing Address 412 Cypress Gardens Blvd S.E. Suite, Apt. #, etc. | |  | |
| City & State Winter Haven FL. | | City & State Winter Haven FL | | 4. FEI Number 20-2989134 | |
| Zip FL-33880 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960 <div style="text-align: right;">CHANGE</div> | | | | 7. Name and Address of New Registered Agent Name Brandy Duncan Street Address (P.O. Box Number is Not Acceptable) 412 Cypress Gardens Blvd. S.E. City Winter Haven FL Zip Code 33880 | |
| 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  Brandy L. Duncan 4/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNCAN, BRANDY 3805 OLD THORNHILL RD. WINTER HAVEN, FL 33880 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DUNCAN, SHANNON 3805 OLD THORNHILL RD. WINTER HAVEN, FL 33880 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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:

 **4/12/06**