


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90148 016 \*\*\*150.00

<b>DOCUMENT # P05000085441</b> 1. Entity Name GULF ATLANTIC EXPORT AND IMPORT COMPANY, INC.			
Principal Place of Business POST OFFICE BOX 222591 WEST PALM BEACH, FL 33422		Mailing Address POST OFFICE BOX 222591 WEST PALM BEACH, FL 33422	
2. Principal Place of Business <i>2010 Village Grove Blvd</i> Suite, Apt. #, etc. <i>Sebring</i>		3. Mailing Address <i>P O Box 7611</i> Suite, Apt. #, etc. <i>Sebring</i>	
City & State <i>Sebring FL</i>		City & State <i>Sebring FL</i>	
Zip <i>33870-4424</i>		Zip <i>33872</i>	
Country 		Country 	
6. Name and Address of Current Registered Agent SMITH, PETER 2820 TENNIS CLUB DR. HAVERHILL, FL 33417		7. Name and Address of New Registered Agent Name <i>PETER Smith</i> Street Address (P.O. Box Number is Not Acceptable) <i>2010 Village Grove Blvd</i> City <i>Sebring</i> <b>FL</b> Zip Code <i>33870</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PETER POST OFFICE BOX 222591 WEST PALM BEACH, FL 33422	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER SMITH 2010 Village Grove Blvd Sebring FL 33870-4424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <i>Peter Smith President</i>		Date <i>4/20/06</i> Daytime Phone # <i>863-386-4053</i>	