


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 043 ***150.00

DOCUMENT # P05000089865	
1. Entity Name GUL & SONS INC.	

Principal Place of Business 5820 MEDINAH WAY ORLANDO FL 32819 US	Mailing Address 5820 MEDINAH WAY ORLANDO FL 32819 US
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2. Principal Place of Business 4694 W. IRLA BRONSON HWY Suite, Apt. #, etc.	3. Mailing Address 4694 W. IRLA BRONSON HWY Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State KISSIMMEE, FL 34746	City & State KISSIMMEE, FL
Zip 34746	Zip 34746
Country	Country

4. FEI Number 20-3098883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KHATTAK, GUL 5820 MEDINAH WAY ORLANDO FL 32819	
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7. Name and Address of New Registered Agent Name GUL KHATTAK Street Address (P.O. Box Number is Not Acceptable) 4694 W. IRLA BRONSON HWY City KISSIMMEE FL Zip Code 34746	
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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 GUL KHATTAK <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 3/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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. <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	D KHATTAK, GUL 5820 MEDINAH WAY ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KHATTAK, TARIO 820 S MAIN STREET LEXINGTON VA 24450 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4694 W. IRLA BRONSON HWY KISSIMMEE, FL-34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4694 W. IRLA BRONSON HWY KISSIMMEE, FL-34746
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
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 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 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: GUL KHATTAK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/15/06	Daytime Phone # 407-396-1780
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