2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026916

Entity Name: TOP GUN RENOVATIONS, INC.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1755 BRIZA DEL MAR DRIVE NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

1755 BRIZA DEL MAR DRIVE NAVARRE, FL 32566

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARES, ANGE K WOODWARD, DAVID L
2700 RIVERSIDE LANDING DR 1415 LEMHURST ROAD
NAVARRE, FL 32566 US PENSACOLA, FL 32507 US

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.

SIGNATURE: DAVID L. WOODWARD 03/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 GARES, WESLEY D
 Name:
 GARES, WESLEY D

Address: 1755 BRIZA DEL MAR DRIVE
City-St-Zip: NAVARRE, FL 32566
Address: 1755 BRIZA DEL MAR DRIVE
City-St-Zip: NAVARRE, FL 32566
NAVARRE, FL 32566

Title: VP () Delete Title: VPD (X) Change () Addition

Name: GARES, ANGELA K
Address: 2700 RIVERSIDE LANDING DR
Address: 2700 RIVERSIDE LANDING DR
Address: 2700 RIVERSIDE LANDING DR

 Address:
 2700 RIVERSIDE LANDING DR
 Address:
 2700 RIVERSIDE LANDING DR

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: T () Delete Title: TS (X) Change () Addition Name: GREER, TAMMY D Name: SUGGS, LINDA D

Address: 5422 MEADOWS EDGE DR Address: 2700 RIVERSIDE LANDING DR

City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY D. GARES PD 03/27/2007