

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096936

FILED
Jan 16, 2008
Secretary of State

Entity Name: GULL ROCK CORPORATION

Current Principal Place of Business:

159 NE 5TH AVE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

159 NE 5TH AVE
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 26-0803374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYNOLDS, STEVEN
159 NE 5TH AVE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, STEVEN
Address: 159 NE 5TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCTD (X) Change () Addition
Name: REYNOLDS, STEVEN
Address: 159 NE 5TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VSD () Change (X) Addition
Name: MILLER, CATHERINE
Address: 159 NE 5TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN REYNOLDS

PCTD

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date