## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 06, 2008 8:00 am Secretary of State

Exp.   County   Zip   County   St.   County   St.   County   St.   County   St.   County   St.   County   St.   St.   County   St.   St.   County   St.   St	DOCUI 1. Entity Nam GUN 1, IN		07387	N. W. W.				90230 006 ***1	
Suite, ASI, # of C.    Suite, ASI, # of C.   Suite, ASI, # of C.   Suite, ASI, # of C.   Suite, ASI, # of C.   Suite, ASI, # of C.   City & State   City & State   A. FEI Number   No. Academia   No. Aca	3721 DOUBLETON DRIVE 3721 DOUBLETON DRIVE					, maister of a surf court ward and see see in the section of the s			
City & State    City & State   City & State   City & State   City & State   Left Humber   Country   Country   Zip   Country   Zip   Country   S. Certificate of Statuto Desirad   \$8.75 Apditional   Fee Required   Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Fee Required   Fee	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Zp Country Zip Country Sip Signature and Additional Country Registered Agent Signature and Additional Fee Registered Agent Fee Registered Agent Signature and Additional Fee Registered Agent Signature and Additional Signature Signature and Additional Signature Signature Signature Signature and Additional Signature Signa	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04252008	Chg-P	CR2E034 (12/06)	1
S. Certificate of Satura Beara of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above remot always shown the statement for the purpose of changing its registered agent, or both, in the State of Porida. I am femilier with, and ecce the obligations of inflictioned agent.  SIGNATURE  FILE NOWITIEFEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Pass Fund Compagin Financing That Fund Commission  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INAME  DELATTRE, THOMAS W  SIRET ADDRESS  CITY-51-2P  STUART, FL 34997  Deter  INE NAME  SIRET ADDRESS  CITY-51-2P  INE NAME  SIRET ADDRESS	City & State	9	City & State	City & State		4. FEI Numbe	8 489 24	<del></del>	pplied For ot Applicable
Name  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  FL Zip Code  City FL Zip Code  Cit	Zip	Country	Zip	Country	-"	5. Certificate	of Status Desired		
STUART, FL 34994  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The above named alley submits the statument for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent of the property of the state of Florida. I am familiar with, and acceptable agent of the property of the state of Florida. I am familiar with, and acceptable agent of the originators of infinited agent.  SIGNATURE:  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Acceptable)  DATE  FILE NOWNITE FE IS 5150.00  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS IN 11  THE MAKE  DELATTIRE THOMAS W  STRET ADDRESS  CITY-51-2P  STUART, FL 34997  Detex  INE  Detex		6. Name and Address of Curre	ent Registered Agent		lame	7. Name and	Address of New R	egistered Agent	
8. The above named whity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accelerate the obligations of rigital process of prison and agent.    FILE NOWINFEE IS \$150.00	3473 SE WILLOUGHBY BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE    Signature   Signa		26 <b>3</b>		C	City		<del>-</del>	FL Zip Co	ie
10. OFFICERS AND DIRECTORS 11.  TITLE PTSD   Delete   TITLE   DELATTRE, THOMAS W   STRET ADDRESS   STRET ADDRESS   CITY-SI-ZP    TITLE   Delete   TITLE   Delet	SIGNATURE.	Signature, typod or printed name of registerod at	9. Election Camp.	aign Financin	9 _ \$5.	.00 May Be		DATE	
TITLE    MAKE   OELATTRE, THOMAS W   STRET ADDRESS	4 9	· .		····			CHANGES TO OFFI	ICERS AND DIRECTOR	S IN 11
TITLE  MAKE  STRET ADDRESS  CITY-ST-ZP  TITLE	TITLE NAME STREET ADDRESS	PTSD DELATTRE, THOMAS W 3721 DOUBLETON DRIVE		TITLE HAME STREET AL					Addition
THE NAME STREET ADDRESS CITY-ST-ZP  THE OBER STREET ADDRESS CITY-S	TITLE NAME STREET ADDRESS		☐ Delete	TITLE HAME STREET AL	DORESS			Change	☐ Addition
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NAME SIREET ADDRESS GIY-ST-ZIP  TITLE NAME STREET ADDRESS GIY-ST-ZIP  TITLE NAME STREET ADDRESS GIY-ST-ZIP  1. I hereby certify that the information supplied with this filling 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 shell 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS		☐ Delcie	NAME STREET AL				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  4-25-08  772-485-917	NAME STREET AUDRESS		☐ Delete	NAME STREET AC	1			☐ Change	☐ Addition
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 directed 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  4-25-08  772-485-91	NAME STREET ADDRESS		☐ Deleta	NAME STREET AL				Change	Addition
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