


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P17784 1. Entity Name GULF AMERICA IMAGING, INC.	
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Principal Place of Business 3405 HILLSIDE AVENUE GULF BREEZE, FL 32563 US	Mailing Address 3405 HILLSIDE AVENUE GULF BREEZE, FL 32563 US
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DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2818049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent BROWN, GERALD L. 3405 HILLSIDE AVE GULF BREEZE, FL 32563
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	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	V BERNARD, ALBERT 3405 HILLSIDE AVENUE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GERALD 3405 HILLSIDE AVENUE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, PATRICIA 3405 HILLSIDE AVENUE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03/06/2006 Date	Daytime Phone #
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