2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000005421

Entity Name: GULFAB, INC.

FILED May 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4066 GULF COAST DRIVE HERNANDO BEACH, FL 34607 US **Current Mailing Address: New Mailing Address:** 4066 GULF COAST DRIVE HERNANDO BEACH, FL 34607 US FEI Number: 59-3145738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDRY, KEVIN D 4066 GULF COAST DRIVE HERNANDO BEACH, FL 34607 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition LANDRY, KEVIN Name: Name: LANDRY, KEVIN

City-St-Zip:

4066 GULF COAST DR 4066 GULF COAST DR Address: Address: City-St-Zip: HERNANDO BEACH, FL 34607 City-St-Zip: HERNANDO BEACH, FL 34607 Title: Title: VΡ (X) Change () Addition () Delete Name: LANDRY, JOANNE C Name: VARNER, LARRY S 4066 GULF COAST DR 12398 PRIARE FALCON RD Address: Address: HERNANDO BEACH, FL 34607 WEEKI WACHEE, FL 34614 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition LANDRY, JOANNE C Name: Name: 4066 GULF COAST DR Address Address: City-St-Zip: City-St-Zip: HERNANDO BEACH, FL 34607 Title: () Delete Title: **TREA** () Change (X) Addition LANDRY, KEVIN Name: Name: Address: Address: 4066 GULF COAST DR

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.

City-St-Zip:

HERNANDO BEACH, FL 34607

SIGNATURE: JOANNE CLANDRY SEC 05/04/2009