


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 027 ***150.00

DOCUMENT # P94000056833 1. Entity Name GORILLA MANAGEMENT GROUP, INC.					
Principal Place of Business 6070 S US 1 FORT PIERCE, FL 34982 — US			Mailing Address 6070 S US 1 FORT PIERCE, FL 34982 — US		
2. Principal Place of Business 1577 CR 250			3. Mailing Address 1577 CR 250		
Suite, Apt. #, etc. Niota			Suite, Apt. #, etc. _____		
City & State Niota, TN			City & State Niota TN		
Zip 37826		Country US		Zip 37826	
Country US		4. FEI Number 65-0524776			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JAMES A. BOND P.A. 1251 S.W. 27TH STREET PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SMITH, WILLIAM STREET ADDRESS 6070 S US 1 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE 1577 CR 250 NAME Niota, TN STREET ADDRESS 37826 CITY - ST - ZIP 37826	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ASH, JERRY STREET ADDRESS 6070 S US 1 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE 1577 CR 250 NAME Niota, TN STREET ADDRESS 37826 CITY - ST - ZIP 37826	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SMITH, BRENDA L STREET ADDRESS 6070 S US 1 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE 1577 CR 250 NAME Niota, TN STREET ADDRESS 37826 CITY - ST - ZIP 37826	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ASH, BONNIE M STREET ADDRESS 6070 S US 1 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE 1577 CR 250 NAME Niota, TN STREET ADDRESS 37826 CITY - ST - ZIP 37826	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Brenda L. Smith</i> Brenda L. Smith			4/28/06 423737-9024		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		