2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90197 043 ***150.00

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1. Entity Name
GUGEL MANAGEMENT CORP.

Principal Place of Business
3907 N FEDERAL HWY.
PMB 180
WINTER HAVEN, FL 33064 US

Mailing Address
P.O. BOX 978
AUBURNDALE, FL 33823 US

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
610 W. Las Olas Blvd.
Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl.
Zip: 33312 Country: Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3338743 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUGEL, DONALD C
3861 NE 15TH AVE.
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
Name: Gugel, Donald C.
Street Address (P.O. Box Number is Not Acceptable)
610 W. Las Olas Blvd.
City: Ft. Lauderdale FL Zip Code: 33312

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: Donald C Gugel Pres 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUGEL, DONALD C 3861 NE 15TH AVE. POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gugel, Donald C. 610 W. Las Olas Blvd. Ft. Lauderdale, Fl. 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Donald C Gugel Pres 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #