
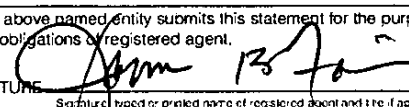
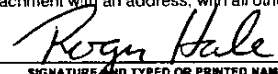


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90013 026 ***150.00

DOCUMENT # P96000000096 1. Entity Name GULF FOODS, INC.					
Principal Place of Business 900A E HWY 98 MEXICO BCH, FL 32410 US			Mailing Address HC3 BOX 98900A PORT SAINT JOE, FL 32456 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 570 E. Durfee St. Suite, Apt. #, etc.			
City & State Zip		City & State Grantsville, Utah Zip 84029		Country USA	
4. FEI Number 59-3353422		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, ROGER ROUTE 3 114 N 35TH ST 900A E. HWY 98 MEXICO BEACH, FL 32410			7. Name and Address of New Registered Agent Name James B. Faison Street Address (P.O. Box Number is Not Acceptable) 701 Nautilus Dr. City Port St Joe FL Zip Code 32456		
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  James B. Faison 3-19-06 <small>Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when constituting)</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 NAME STREET ADDRESS CITY-ST-ZIP	DP HALE, ROGER HC3 BOX 98900ATH ST PORT ST JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  Roger Hale		Date 3/14/06		Daytime Phone # 830-227-5333	