


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 020 ***150.00

DOCUMENT # P96000024341
 1. Entity Name
GORGEOUS GEORGE ENTERPRISES, INC.



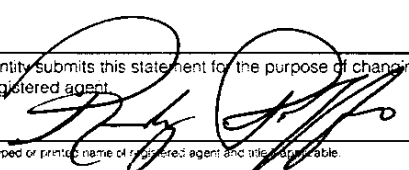
Principal Place of Business Mailing Address
7650 BAYSHORE DRIVE **7650 BAYSHORE DRIVE**
STE 1003 B **STE 1003 B**
TREASURE ISLAND, FL 33706 US **TREASURE ISLAND, FL 33706 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7191 HARBOR VIEW LANE **7191 HARBOR VIEW LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SEMINOLE, FL **SEMINOLE, FL**
 Zip Country Zip Country
33776 **33776**

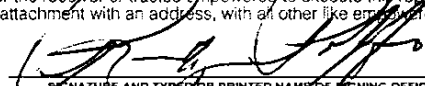
01072008 Chg-P CR2E034 (12/06)
 4. FEI Number **59-3366613** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HOWDEN, CARL N Name
ONE SE 3RD AVE 10TH FL Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33131 City **FL** Zip Code

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  DATE **1-16-08**
Signature, typed or printed name of registered agent and address, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POFFO, RANDY M 7650 BAYSHORE DRIVE STE 1003 B SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POFFO, RANDY M 7191 HARBOR VIEW LANE SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWDEN, CARL N ONE SE 3 AVE 10TH FL MIAMI, FL 33131 <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
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
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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 employees.
 SIGNATURE:  **Randy Poffo** DATE: **1-16-08** DAYTIME PHONE #: **727-367-7535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR