

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065855

FILED
Apr 29, 2009
Secretary of State

Entity Name: GULFSTREAM HOME & GARDEN, INC.

Current Principal Place of Business:

2365 HARRODSBURG RD
SUITE B230
LEXINGTON, KY 40504 US

New Principal Place of Business:

Current Mailing Address:

1340 TREAT BLVD 600
WALNUT CREEK, CA 94597

New Mailing Address:

FEI Number: 58-2255720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REED, MICHAEL
Address: 1340 TREAT BLVD. SUITE 600
City-St-Zip: WALNUT CREEK, CA 94597

Title: CEO () Delete
Name: REED, MICHAEL
Address: 1340 TREAT BLVD #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: CFO () Delete
Name: BOOTH, STUART W
Address: 1340 TREAT BLVD #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: DAS () Delete
Name: KANE, TIMOTHY J
Address: 1340 TREAT BLVD #600
City-St-Zip: WALNUT CREEK, CA 94597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TIM KANE

DAS

04/29/2009

Electronic Signature of Signing Officer or Director

Date