2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P96000097171 1. Entity Name GULF STAR ENTERPRISES, INC. Principal Place of Business Mailina Address 4430 HIGHWAY 90 4430 HIGHWAY 90 NETTLEWOOD PLAZA **NETTLEWOOD PLAZA** PACE, FL 32571 PACE, FL 32571 No Chg-P 01262006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BANKES, ALLAN D DO NOT WRITE 639 BAY POINT BLVD MILTON, FL 32583 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Cantribution. Added to Fees 10. OFFICERS AND DIRECTORS PD 7.17LE BANKES, ALLAN D NAME 4430 HIGHWAY 90, NETTLEWOOD PLAZA STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS /00000419387 15/06-80005-011 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 trystee 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, withjull other this empowered.

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED