FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90001 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000067975

1. Entity Name
BASTIAAN G.P.S., INC.

Principal Place of Business	Mailing Address
~~631 US HWY. 1, STE. 303~~ ~~N. PALM BEACH, FL 33408~~	631 US HWY. 1, STE. 303 N. PALM BEACH, FL 33408

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
103 US Hwy #1	Same
Suite, Apt. #, etc.: 5 A	Suite, Apt. #, etc.
City & State: Jupiter Fl	City & State
Zip: 33477 Country: USA	Zip Country

4. FEI Number: 65-0772681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMALLEGANGE, BAS
~~631 US HWY 1 STE 303~~
~~N. PALM BEACH, FL 33408~~

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 103 US Hwy #1 Suite 5A

City: Jupiter FL Zip Code: 33477

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P SMALLEGANGE, BASTIAAN ~~631 US HWY #1 STE 404~~ ~~NORTH PALM BEACH, FL 33408~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 103 US Hwy #1 Suite 5A Jupiter FL 33477
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 exemption stated in Section 119.07(3)(i), 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: [signature] 4-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #