2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103693

Entity Name: GULFSHORE MORTGAGE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

662 MOURNING DOVE DRIVE 3664 POND VIEW LANE SARASOTA, FL 34236 SARASOTA, FL 34235

Current Mailing Address: New Mailing Address:

PO BOX 2737 SARASOTA, FL 34230

FEI Number: 65-0794403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNEELAN, MIKEL J
662 MOURNING DOVE DRIVE
SARASOTA, FL 34236 US

MCNEELAN, MIKEL J
3664 POND VIEW DRIVE
SARASOTA, FL 34235 US

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: MIKEL J. MCNEELAN 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 MCNEELAN, MIKEL J
 Name:
 MCNEELAN, MIKEL J

 Address:
 662 MOURNING DOVE DRIVE
 Address:
 3664 POND VIEW DRIVE

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34235

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: MIKEL J. MCNEELAN PS 04/30/2009