2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2007 08:00 AM DOCUMENT # P98000106421 **Secretary of State GULFVIEW MARINE LIFE PRODUCTS. INC.** Principal Place of Business Mailing Address 702 WILLOW BRANCH CT 702 WILLOW BRANCH CT LUTZ, FL 33549 US LUTZ. FL 33549 US 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3555698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARGER, DALE DO NOT WRITE 702 WILLOW BRANCH CT LUTZ, FL 33549 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVTS** TITLE NAME BARGER, DALE 702 WILLOW BRANCH CT. STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 01/10/07-80067-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE MIN. STREET ADDRESS CITY-ST-ZEP TIME NAME STREET ADDRESS

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 empoyered.

SIGNATURE: