2006 FOR PROFIT CORPORATION

May 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P99000075938 05-05-2006 90178 028 ***150.00 1. Entity Name G.D. BUNCH, INC. Principal Place of Business Mailing Address 14296 SATINWOOD DR 14296 SATINWOOD DR 60036873 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 CR2E034 (11/05) No Chg-P 05022006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3595005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUNCH, GARY D DO NOT WRITE 14296 SATINWOOD DR JACKSONVILLE, FL 32224 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. SIGNATURE. DATE 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 In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. DPTS TITLE BUNCH, GARY D NAME 14296 SATINWOOD DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 empowered.

SIGNATURE;

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED