2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077463

Entity Name: GOSSAMER BAY, INC.

FILED Feb 02, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | Business: | |
|--|------------------------------|-------------------------------|---|--|
| 1906 LAKE ARIANA BLVD AUBURNDALE, FL 33823 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1906 LAKE ARIANA BLVD AUBURNDALE, FL 33823 | | | | |
| FEI Number: 59-3653944 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| FORRESTER, SHARON C 1906 LAKE ARIANA BLVD. AUBURNDALE, FL 33823 | | | | |
| 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: | | | | |
| Electronic | Signature of Registered Ager | t | Date | |
| | | | | |
| | | | | |

OFFICERS AND DIRECTORS:

Title: PD

Name: FORRESTER, SHARON O Address: 1906 LAKE ARANA BLVD City-St-Zip: AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

SIGNATURE: SHARON O FORRESTER P 02/02/2011