FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P99000091386			05-02-2002 90157 020 ***150.00
Gulf ShorES REALTY Inc.			
DO NOT WRITE	IN THIS SPA	CE	
2. Principal Place of Business 17723 Gulf Blud			
Suite, Apt. #, etc. Suite, Apt. #, etc. # 2		DO NOT WRITE IN THIS SPACE	
Redington Shores, F	edington Shores, FL ? Redington Shores, FL?		4. FEI Number Applied For Not Applied For Not Applied For
337 <i>08</i> Country	33708 cd	untry	5. Certificate of Status Desired See Required Fee Required
DO NOT WRITE			7. Name and Address of Current Registered Agent
IN THIS SI		Street Address (P.O. Bax Number is Not Acceptable)	
City Reding			ton Shopes, FL FL Zip. Code 33708
8. The above named entity submits this statement for	or the purpose of changing its registe	red office or registe	red agent, or both, in the State of Florida.
SIGNATURE Signature/spector printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with			3/29/02
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS JEANETTE DEMARCO (P, V, T, S, C) TITLE TITLE NAME 17723 Gulf Blud STREET ADDRESS STREET ADDRESS CITY-ST-7P Redington Shores, Fc 33708 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered. (213) 244-4406

Added to Fees

CR2E034B (12/01)

SIGNATURE:

(See criteria on back)