2007 FOR PROFIT CORPORATION

May 02, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # S23450 1. Entity Name GULF COAST BUSINESS SERVICES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 611 POST OFFICE BOX 611 TALLEVAST, FL 34270 TALLEVAST, FL 34270 CR2E034 (11/05) No Chg-P 04202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0231925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOMELDORPH, HOWARD R. DO NOT WRITE 7416 OAK RUN LANE SARASOTA, FL 34243 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOMELDORPH, HOWARD R. NAME 7416 OAK RUN LANE STREET ADDRESS SARASOTA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HOWARD R Womeldough

Daytime Phone 6

U00000756153

05/23/07-80020-010 150.00

FILED