

| No. C 129999 | Due no later than August 31, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | |
|---|---|---|---|-------|-------------|------|------------------------|------|-------|-----|-----------|---------------------|------------------|---------|-------|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable | | IRENE DIANE SIGSTAD 150 QUANDARY LN OLDTOWN, ID 83822 | | | | | | | | | | | | | |
| | GULF ISLAND AQUATIC CENTRE, INC. IRENE DIANE SIGSTAD 150 QUANDARY LN OLDTOWN, ID 83822 | | 3. New Registered Agent Signature | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>IRENE DIANE SIGSTAD</td> <td>150 QUANDARY LN.</td> <td>OLDTOWN</td> <td>IDAHO</td> <td>83822</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | IRENE DIANE SIGSTAD | 150 QUANDARY LN. | OLDTOWN | IDAHO | 83822 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | |
| PRESIDENT | IRENE DIANE SIGSTAD | 150 QUANDARY LN. | OLDTOWN | IDAHO | 83822 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 129999 | | 6. Signature <u>Irene Diane Sigstad</u> Date <u>07-21-07</u> Name (Typed or Printed) <u>IRENE DIANE SIGSTAD</u> Title <u>PRESIDENT</u> | | | | | | | | | | | | | | |

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