


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006503
 1. Entity Name
 GOLD MEDAL PRODUCTS CO.



Principal Place of Business Mailing Address
 10700 MEDALLION DRIVE 10700 MEDALLION DRIVE
 CINCINNATI, OH 45241 CINCINNATI, OH 45241

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 31-0515654 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000258772
 03/10/05-80055-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD EVANS, J C SR 10700 MEDALLION DRIVE CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROEGER, DANIEL R 10700 MEDALLION DRIVE CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEBHART, CHRISTOPHER W 10700 MEDALLION DRIVE CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, ROBERT C 10700 MEDALLION DRIVE CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EVANS-LLOYD, SALLY 10700 MEDALLION DRIVE CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, JOHN C JR 10700 MEDALLION DRIVE CINCINNATI, OH 45241

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Schlat* VP FIN 3/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #