


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006503**

1. Entity Name  
**GOLD MEDAL PRODUCTS CO.**



Principal Place of Business  
**10700 MEDALLION DRIVE  
 CINCINNATI, OH 45241**

Mailing Address  
**10700 MEDALLION DRIVE  
 CINCINNATI, OH 45241**



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-0515654** Applied For  
 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**

**DO NOT WRITE 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. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 05/09/07-80066-005 150.00

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (513) 769-7676  
 Date Daytime Phone #