


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 A
Secretary of State

DOCUMENT # H40431
 1. Entity Name
 COLORADO BULLION, INC.



Principal Place of Business Mailing Address
 % TOM LETSCH % TOM LETSCH
 2275 S KANNER HWY 2275 S KANNER HWY
 STUART, FL 34994-3014 US STUART, FL 34994-3014 US



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2483873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETSCH, TOM
 2275 S KANNER HWY
 STUART, FL 33494

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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 reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LETSCH, THOMAS 2275 S KANNER HWY STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LETSCH, EILEEN 2275 S. KANNER HWY STUART, FL 34994
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 01/30/06-80085-025 150.00

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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: Thomas F Letsch 1-19-06 772 283-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #