

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 04, 2007  
Secretary of State

DOCUMENT# N06000010589

Entity Name: BULLIONEERS, NPO, INC.

**Current Principal Place of Business:**

3417 LEROY STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3417 LEROY STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 51-0608929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POWELL, MATTHEW D  
304 SOUTH PLANT AVE  
TAMPA, FL 33606      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MIZE, JAY  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

Title: DV      ( ) Delete  
Name: MIZE, RICHARD  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

Title: DS      (X) Delete  
Name: HOFFMAN, JEFF  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

Title: DT      ( ) Delete  
Name: TODD, GREG  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      (X) Delete  
Name: BRADY, JOHN  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: NEWKIRK, MARK  
Address: 3417 LEROY STREET  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG TODD

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DT

09/04/2007

\_\_\_\_\_ Date