

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010589

FILED
Mar 04, 2008
Secretary of State

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 ()

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

Title: DV (X) Change () Addition
Name: SMITH, MARSHAL
Address: 3417 LEROY STREET
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: JUAN, FERNANDO
Address: 3417 LEROY STREET
City-St-Zip: TAMPA, FL 33607

Title: DT (X) Change () Addition
Name: SWENSON, TYE
Address: 3417 LEROY STREET
City-St-Zip: TAMPA, FL 33607

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

DP

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date