


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90087 048 ***550.00

DOCUMENT # 688966 1. Entity Name GLENN'S RARE COINS, INC.	
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Principal Place of Business 16072 US HWY 19 NO CLEARWATER, FL 33764 US	Mailing Address 6228 56TH AVE NO ST PETERSBURG, FL 33709 US
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05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2328503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAVERS,, GLENN 6228 56TH AVE. NORTH ST. PETERSBURG, FL 33709

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAVERS, GLENN 6228 56 AVE NO ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHAVERS, CAROL W. 6228 56 AVE NO ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Glenn's Rare Coins Inc</i> <i>Carol Shavers VP/Secy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-28-06</i> <i>727 536-8698</i> <small>Date Daytime Phone #</small>

ATTACHMENT

40090053

#688966

Sirs:

5-2-06

I have been undergoing chemo-
therapy and radiation treatments
since last October,
and my husband has been working
very short hours because of his
bad back for past several months.

We are a small business - just
the two of us - and somehow
this slipped by.

Please accept without a penalty -
it's just one day late.

Thank you for your
consideration.

Carol Shavers
VP/Secy