


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 737378	
1. Entity Name THE GOLD-DIGGERS, INC.	

Principal Place of Business 5100 WACHOVIA FIN. CTR. 200 SO. BISCAYNE BLVD. MIAMI, FL 33131 US	Mailing Address 5100 WACHOVIA FIN. CTR. 200 SO. BISCAYNE BLVD. MIAMI, FL 33131 US
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04212007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1710465	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 SOSBY, TERESA GAIL 5100 WACHOVIA FINANCIAL CTR 200 S BISCAYNE BLVD MIAMI, FL 33131
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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	P SIEGIE, RHONDA 256 BEDFORD AVE. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ILIFFE, NANCY 1141 CAMPO SANO AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATTS, TAMMY 5115 SW 137 AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LILLY, JACQUELINE 643 WARREN LANE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEGLARZ, DOREE 11332 SW 115 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JUDITH, DONNELLAN 9850 SW 96 ST. MIAMI, FL 33176

U00000748355 05/17/07-80062-022 61.25
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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 617, 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: _____	Director/RA	4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		