


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006356</b> 1. Entity Name <b>GOLD LINE TELEMAGEMENT INC.</b>	
--	---

Principal Place of Business <b>180 WEST BEAVER CREEK RD. RICHMOND HILL ONTARIO L4B 1B4 CANADA,</b>	Mailing Address <b>180 WEST BEAVER CREEK RD. RICHMOND HILL ONTARIO L4B 1B4 CANADA,</b>
---	---



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-5929370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PS MOEINI, ATA 180 WEST BEAVER CREEK RD, RICHMOND HILL ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOEINI, NEDA 180 W BEAVER CREEK RD RICHMOND HILL, OT L4b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YAZDANI, SHALA 180 W BEAVER CREEK RD RICHMOND HILL, OT L4b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

1000000364768  
05/09/05-80009-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Neda Moeni**  
Se Vice President April 29/05 905-709-6900