

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000006356**

1. Entity Name  
**GOLD LINE TELEMAGEMENT INC.**



Principal Place of Business  
**180 WEST BEAVER CREEK RD.  
RICHMOND HILL  
ONTARIO L4B 1B4 CANADA,**

Mailing Address  
**180 WEST BEAVER CREEK RD.  
RICHMOND HILL  
ONTARIO L4B 1B4 CANADA,**



04292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-5929370**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TCS CORPORATE SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 14b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YAZDANI, SHALA 180 W BEAVER CREEK RD RICHMOND HILL, OT 14b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563002  
05/19/06-80077-016 150.00

**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:**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Neda Moeini*

*May 1, 2006*

Date

*(905) 709-6922*

Daytime Phone #