


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000006356 1. Entity Name GOLD LINE TELEMAGEMENT INC.	
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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,
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04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5929370	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

**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	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 I4b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YAZDANI, SHALA 180 W BEAVER CREEK RD RICHMOND HILL, OT I4b1b4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000925481
05/20/08-80027-013 150.00

**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: *X Shala Yazdani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shala Yazdani

APRIL-21-2008 905-709-6922
Date Daytime Phone #