


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90043 039 \*\*\*558.75

<b>DOCUMENT # F04000004990</b> 1. Entity Name <b>ELECTRUM CORPORATION</b>					
Principal Place of Business <b>5000 THURMOND MALL, SUITE 106 COLUMBIA, SC 29201</b>			Mailing Address <b>5000 THURMOND MALL, SUITE 106 COLUMBIA, SC 29201</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05022006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>57-1074265</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHITWOOD, MARVIN B JR 5653 S.E. LAMAY DR. STUART, FL 34997</b>			Name <b>Thomas Dunnigan</b> Street Address (P.O. Box Number is Not Acceptable) <b>2880 Endicott Court</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</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 <b>Thomas E. Dunnigan</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>5-16-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, EDWARD M JR.		NAME		
STREET ADDRESS	4824 SMALLWOOD RD. #51		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, SC 29223		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURCH, REBECCA A		NAME		
STREET ADDRESS	8613 WESTOVER DR.		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT, KY 40059		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHITWOOD, C. BRENT		NAME	<b>Exec VP Thomas Dunnigan</b>	
STREET ADDRESS	131 CASCO BAY RD		STREET ADDRESS	<b>2880 Endicott Ct</b>	
CITY-ST-ZIP	IRMA, SC 29063		CITY-ST-ZIP	<b>Clearwater, FL 33761</b>	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMETT, WILLIAM C JR.		NAME		
STREET ADDRESS	17130 FRESHWATER LANE		STREET ADDRESS		
CITY-ST-ZIP	CORNEILUS, NC 28031		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLETT, PAUL		NAME		
STREET ADDRESS	214 SOUTHEAST 13TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNULTY, CHRIS		NAME		
STREET ADDRESS	1231 DURRETT LANE		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40291		CITY-ST-ZIP		
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: <b>Thomas E. Dunnigan</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		