## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2007 08:00 AM Secretary of State DOCUMENT # F05000003260 BLACK MARKET MINERALS ONLINE, INC. Principal Place of Business Mailing Address **6084 PAISLEY DRIVE 6084 PAISLEY DRIVE** NORTH OLMSTED, OH 44070 NORTH OLMSTED, OH 44070 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1251838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GEHING, JAMES H JR. NAME 1125 GILLS DRIVE #800 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE 000000666085 03/23/07-80057-004 158.75 GEHING, JAMES H III NAME STREET ADDRESS 1125 GILLS DRIVE #800 ORLANDO, FL 32824 CITY-ST-ZIP DS TITLE GRILLI, GWYNNE NAME 1125 GILLS DRIVE #800 STREET ADDRESS DO NOT WRITE City-St-ZiP ORLANDO, FL 32824 IN THIS SPACE TITI F DT BADIK, JENNIFER NAME 1125 GILLS DRIVE #800 STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32824 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eccurate 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, vitry all outer ike empowered.

SIGNATURE:

CITY-ST-ZiP

UNY ALL DE JAMES OF BIGHING OFFICER OR DIRECTOR

or a

440 7747692

FILED

Daytime Phone #