
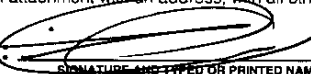


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90147 023 \*\*\*150.00

<b>DOCUMENT # F99000001099</b> 1. Entity Name <b>MEDALLIST OPERATIONS, INC.</b>					
Principal Place of Business <b>1070 E. INDIANTOWN RD SUITE 208 JUPITER, FL 33477 US</b>			Mailing Address <b>1070 E. INDIANTOWN RD SUITE 208 JUPITER, FL 33477 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0906440</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03132006    Chg-P    CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  <b>WALSH, BRETT 1070 E. INDIANTOWN RD SUITE 208 JUPITER, FL 33477</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOSS, WILLIAM J</b> <b>L 14 ONE MARTIN PLACE</b> <b>SYDNEY, NS 2000</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BIELLI, GREG</b> <b>1070 E. INDIANTOWN RD, SUITE 208</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, CHARLES B III</b> <b>501 N. A1A</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALSH, BRETT</b> <b>1070 E. INDIANTOWN RD, SUITE 208</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEED, FRANK</b> <b>1070 E. INDIANTOWN RD</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>POLLACK, RITA</b> <b>1070 E. INDIANTOWN RD, SUITE 208</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SEABRIDGE, JEREMY</b> <b>1070 E. INDIANTOWN RD</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAMBLE, NEIL</b> <b>LEVEL 16, 45 CLARENCE STREET</b> <b>SYDNEY, NSW 2000</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRIFFIN, JIM</b> <b>1070 E. INDIANTOWN RD</b> <b>JUPITER, FL 33477</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAPADOPOULOS, STEVEN</b> <b>LEVEL 14, ONE MARTIN PLACE</b> <b>SYDNEY, NSW 2000</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FEHON, ANTHONY P</b> <b>L14 ONE MARTIN PLACE</b> <b>SYDNEY, NS 2000,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>RITA POLLACK, TREASURER</b> 3/30/06    561-743-9062					