

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002242

Entity Name: AUSTRALIAN GOLD, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 462782900

New Principal Place of Business:

Current Mailing Address:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 462782900

New Mailing Address:

FEI Number: 35-2021295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: GRAY, TREVOR
Address: 6270 CORPORATE DRIVE
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: EVST () Delete
Name: GRAY, EDNA H
Address: 6270 CORPORATE DRIVE
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: TRS () Delete
Name: BELL, RICHARD A
Address: 6270 CORPORATE DR
City-St-Zip: INDIANAPOLIS, IN 462786900

Title: PRES () Delete
Name: HARTLIEB, LESLIE A
Address: 6270 CORPORATE DR
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: VP-S () Delete
Name: KEIFFNER, JOHN D
Address: 6270 CORPORATE DR
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: VP-O () Delete
Name: HORNER, BRENDA
Address: 6270 CORPORATE DR
City-St-Zip: INDIANAPOLIS, IN 462782900

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: HILBERT, STEPHEN C
Address: 6270 CORPORATE DRIVE
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: ASST (X) Change () Addition
Name: DICK, ROLLIN M
Address: 6270 CORPORATE DRIVE
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: TRS (X) Change () Addition
Name: ADAMS, JAMES S
Address: 6270 CORPORATE DR
City-St-Zip: INDIANAPOLIS, IN 462786900

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLLIN M. DICK

ASST

01/10/2007

Electronic Signature of Signing Officer or Director

Date