2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G16405

1. Entity Name GOLDLEAF JEWELERS, INC.

TITLE NAME STREET ADDRESS CITY-ST-7IP



01162007

4. FEI Number

Mailing Address

Principal Place of Business % CRYSTAL TREE CENTER % CRYSTAL TREE CENTER 1201 U.S. HIGHWAY ONE 1201 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408 N. PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

FILED Apr 26, 2007 08:00 A Secretary of State



CR2E034 (11/05)

Daylime Phone #

Applied For

No Chg-P

				59-228	5616		Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required
Name and Address of Current Registered Agent					·		
EDLEMAN, J. ERIC 1201 US HIGHWAY #1 SUITE 23-A NORTH PALM BEACH, FL 33408				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 (specific content name of registered agent and tills if applicable (NOTE: Registered Agent socialure required when reinstation) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P EDLEMAN, JOHN ERIC 1201 U.S. HIGHWAY #1, SUITE 23-A NORTH PALM BEACH, FL				U0000 05709707		175 17-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP	HOMAN, GEORGE H., JR. 2100-D VISION DR. PALM BCH GARDENS, FL				VOI 301 Q1		,, 616 166.60
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	Έ
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SP	AC	E
TITLE NAME STREET ADDRESS 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.