



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H70908 1. Entity Name AL'S GOLD EXCHANGE, INC.						FILED CLERK OF STATE DIVISION OF CORPORATIONS 04 AUG -3 AM 11:07	
Principal Place of Business 1197 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701				Mailing Address 1197 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOYKIN, ALLAN R. 600 TUSCANY CT. SANFORD, FL 32771				Name STEPHEN DICKERSON			
				Street Address (P.O. Box Number is Not Acceptable) 1197 E. Altamonte Dr.			
				City Altamonte Springs			
				State FL			
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.				4. FEI Number 59-2567220			
Signature: <u><i>Stephen D. Boykin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYKIN, ALLAN 600 TUSCANY CT. SANFORD, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHEN DICKERSON 1197 E. Altamonte Dr. Altamonte Springs, FL 32701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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: <u><i>Stephen D. Boykin</i></u> <u><i>Stephen D. Boykin</i></u> <u><i>07-30-04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							