2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K95507

1. Entity Name

CONTINENTAL MINING AND METALLURGICAL CORPORATION



FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

101 WORTH AVE., #5A PALM BEACH, FL 33480 Mailing Address

101 WORTH AVE., #5A PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0136339

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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.	ала ассері
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOCTER, ALAN
STREET ADDRESS
CITY-S1-ZIP PALM BEACH, FL

Signature, typed or printed name of registered agent and title if applicable

TITLE D
NAME DOCTER, MARCIA
STREET ADDRESS 100 WORTH AVE, APT. 715
CITY-ST-ZIP PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME

SIGNATURE.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/03/08-60043-009 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information subplied with this filling 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 fue 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 truster 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 appearance with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 10/08

561-832-7515

Daytime Phone #