2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT #L11248 1. Entity Name 2007 DEC 26 AM 9: 11 BULLION INTERNATIONAL, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4100 NORTH RIVERSIDE DRIVE 4100 NORTH RIVERSIDE DRIVE MELBOURNE, FL 32937 MELBOURNE, FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12132007 Cho-P CR2E034 (12/06) City & State City & State 4. FEi Number Applied For 59-2963355 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEALY, PATRICK F 700 SOUTH BABCOCK STREET, SUITE 400 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32937 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITI F ☐ Delete TITLE P. Dic Addition Addition NAME KOTT, MICHAEL NAME Monica 4100 N. Riverside 4100 NORTH RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME 900113558659 STREET ADORESS STREET ADDRESS 01/02/08--01039--017 **17.50 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP by for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this filling of indicated on this report or supplemental report is true and as of the corporation or the receiver or empowere changed, or on an attachment with in address, with 391 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR