


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L23814 1. Entity Name OLYMPIA GOLD, INC.	
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Principal Place of Business 1715 BANKS RD MARGATE, FL 33063 US	Mailing Address 1715 BANKS RD MARGATE, FL 33063 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0153146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, FRANKLIN P  
 1715 BANKS RD  
 MARGATE, FL 33063

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000721584  
 05/01/07-80151-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, FRANKLIN P 1715 BANKS RD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, GINA W 1715 BANKS RD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, BEVERLY A 5121 WEDGEFIELD RD GRANBURY, TX 76049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, DONALD E 5121 WEDGEFIELD RD GRANBURY, TX 76049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Gina Wilson GINA WILSON, VP 4/20/07 954-974-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #