

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 15, 2006  
Secretary of State**

DOCUMENT# L43996

Entity Name: M.D.G. INTERNATIONAL, INC.

**Current Principal Place of Business:**

20750 WEST DIXIE HWY  
N.M.B., FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20750 WEST DIXIE HWY  
N.M.B., FL 33180 US

**New Mailing Address:**

FEI Number: 65-0164532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDRING, MAURICIO T.  
3683 NE 199 STREET  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOLDRING, MAURICIO T.,  
Address: 3683 NE 199 ST  
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete  
Name: GOLDRING, CLARA D.,  
Address: 3683 NE 199 ST  
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete  
Name: GOLDRING, GEORGINA  
Address: 3683 NE 199 ST  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: GOLDRING, JOHANNA  
Address: 3683 NE 199 ST  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ROMINE, MARIO,  
Address: 2641 EAST ORCHARD CIRCLE  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA D. GOLDRING

V

11/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date