2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010589

Address:

City-St-Zip:

3417 LEROY STREET

TAMPA, FL 33607

FILED Apr 08, 2009 Secretary of State

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Entity Na	me: BULLION	EERS, NPO, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3417 LERO TAMPA, F	OY STREET L 33607				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
3417 LERO TAMPA, F	OY STREET L 33607				
FEI Number	: 51-0608929	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
POWELL, MATTHEW D 304 SOUTH PLANT AVE TAMPA, FL 33606 US			POWELL, MATTHEW D 304 PLANT AVE TAMPA, FL 33606 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			04/08/2009	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () TODD, GREG 3417 LEROY S TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () SMITH, MARSH 3417 LEROY S TAMPA, FL 330	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JUAN, FERNAN 3417 LEROY S TAMPA, FL 336	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DT () SWENSON, TY	Delete E	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GREG TODD DP 04/08/2009