

*Amended*  
**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

*Amended*


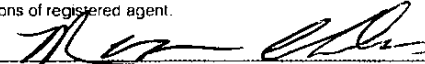

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07 MAY 16 AM 9:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03272007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P00000015992</b>					
1. Entity Name <b>SOLID GOLD ENTERPRISES, INC.</b>					
Principal Place of Business <b>640 PAT THOMAS PKWY QUINCY, FL 32351</b>			Mailing Address <b>PO BOX 551 QUINCY, FL 32351</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>640 Pat Thomas Parkway</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Quincy, Florida</b>		
Zip	Country	Zip	Country	4. FEI Number <b>59-3641361</b>	
		<b>32351</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAVIS, MARVA A 121 S. MADISON ST. QUINCY, FL 32351</b>				Name <b>RADDAR, JAMAL</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>8550 HEATHCLIFF CT</b>	
				City <b>TALLAHASSEE, FL</b> Zip Code <b>32312</b>	
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 <b>4/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JOSEPH E N 11TH ST QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RADDAR, JAMAL PSTD 8550 HEATHCLIFF CT TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DAVIS, MARVA A 121 S. MADISON ST QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104305440 06/13/07--01015--006 **71.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  DATE <b>4/30/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*per conversation MARVA DAVIS has power of attorney*