


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000054586
 1. Entity Name
GOLDMASTERS, INC.



Principal Place of Business 1654 MAIN STREET SARASOTA, FL 34236	Mailing Address 1654 MAIN STREET SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1108394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROVATORE, PATRICK
 1654 MAIN STREET
 SARASOTA, FL 34236

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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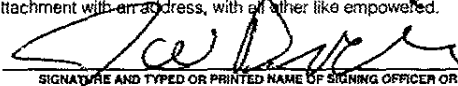
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TROVATORE, PATRICK
STREET ADDRESS	1531 GEORGE TOWN LANE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	DICKSON, JOHN W
STREET ADDRESS	2954 BENTLEY STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/04-80028-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/13/04 (941) 365-7709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #