## 2006 FOR PROFIT CORPORA ANNUAL REPORT

## **FILED** Aug 28, 2006 8:00 am Secretary of State 08-28-2006 90003 049 \*\*\*150.00

Principal Place of Eusiness   Mailing Address	DOCUMENT # P01000094720  1. Entity Name E B M GOLD, INC.						08-28-200	6 90003 0	49 ***1:	50.00
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   08092006   ChgP   CR2E034 (11/05)	18901 S DIXIE HWY #120		18901 S DIXIE HWY #120				5(	0026	502	
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   08092006   ChgP   CR2E034 (11/05)										
City & State  City & State Desired  Signature  City & State Address of New Registered Agant  City & FL Zip Code  City & FL Zip Cod	2. Principal Place of Business		3. Mailing Address					H		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. Additional   Fee Progress   S. Additional   Fee Progress   S. Certificate of Status Desired   S. Additional   Fee Progress   S. Certificate of Status Desired   S. Certificate of Status Desired   S. Additional   Fee Progress   S. Certificate of Status Desired   S. Certificate of Statu	Suite, Apt. #, etc.		Suite, Apt. #, etc.			08092006	Chg-P	CR2E03	4 (11/05)	
Second   S	City & State		City & State						1	·
SHAW, ELIZABETH J 18901 S DIXIE HAVY #120  MIAMI, FL 33034  8. The above named entity submits this statement for the Citypose 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the professional agent agent agent.  FILE NOWIII FEE 13 \$150,00  Due by September 6, 2008  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 111.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11  MAKE SHELL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11  MAKE SHELL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11  MAKE SHELL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11  MAKE SHELL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE SHELL ADDITIONS/CHANGES TO OFFICER	Zip	Country	Zip	Zip Countr					8.75 Add	litional
SHAW, ELIZABETH J 1801 S DIXIE HWY #120 MIAMI, FL 33034  8. The above named entity submits this statement for the drapose 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 and for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior of the control of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior of the prior		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F			<u> </u>
Sires Address (P.O. Box Number is Not Acceptable)    City			<u> </u>		Name					
B. The above named entity submits this statement for the dispose 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, lysedy purpose axens of registered agent and use it approaches  FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PSD  SHAW, ELIZABETH J  NAME  STRETA DORESS  CITY-S1-2P  MIAMI, FL 33157  Delete  ITILE  MAME  SIRETA DORESS  CITY-S1-2P  TITLE  MAME  SIRETA DORESS  CITY-S1-2P  TITLE  Delete  ITILE  MAME  SIRETA DORESS  CITY-S1-2P  TITLE  MAME  SIRETA DORESS  CIT	18901 S DIXIE HWY #120				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature registered agent with the designation of the designation of the designation seed agent and the designation of the designation seed agent and the designation of the designation seed agent are seed					City			FL	Zip Code	e
FILE NOW!!! FEE IS \$150.00 Dub by Septembor 6, 2006  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PSD SHAW, ELIZABETH J SIREL ADDRESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TROUBLESS TOTY-SI-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	the obligat		r the obpose of changing its	registere	ad office or reg	gistered agent, or bo	th, in the State of Fl	1	1.	and accept
Trust Fund Contribution.   Added to Fees   Corporation did not receive the prior notice.    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    ITILE   PSD		Signature, typed of printed name of replaced agent.	and little if applicable (NQTE	: Registere	d Agent signature re	quired when reinstating)		DATE	1	
TITLE NAME SHAW, ELIZABETH J 7640 SW 170 ST 7640 SW 170 ST 7640 SW 170 ST 7640 SHAW, ELIZABETH J 7640 SW 170 ST 7640 SW 170	To a final f						In accordance corporation did	with s. 607.1 I not receive	193(2)(b), the prior r	F.S., the notice.
NAME SIREET ADDRESS CITY-ST-ZP TILE NAME SIREET ADDRESS CITY-ST-ZP SIREET ADDRESS CITY-ST-ZP TILE NAME SIREET ADDRESS CITY-ST-ZP SIREET ADDRES	10.	· · · · · · · · · · · · · · · · · · ·		11.		ADDITIONS	CHANGES TO OF	FICERS AND (	DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT									Change	Addition
INILE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME NAME NAME NAME NAME SIREET ADDRESS CITY-S1-ZIP  INLE N		· · · · · · · · · · · · · · · · · · ·								
NAME   STREET ADDRESS   CITY-ST-ZIP	CITY-ST-ZIP			CITY	- \$1 - ZIP					
TIFLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP	NAME	N		NAM	E				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	C		CITY	-\$1-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CRY-ST-ZIP  TITLE NAME STREET ADDRESS CRY-S1-ZIP	NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		, —		TITL	E				Change	Addition
NAME         STREET ADDRESS           CHY-ST-ZIP         CHY-ST-ZIP           TITLE         Delete           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CHY-ST-ZIP         CHY-ST-ZIP	STREET ADDRESS	·		STRE	EET ADDRESS					
STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP	TITLE								☐ Change	Addition
CITY-S1-ZIP         CITY-S1-ZIP           ITILE         Delete         ITILE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-S1-ZIP         CITY-S1-ZIP										
NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				1					Change	Addition
CITY-ST-ZIP CITY-ST-ZIP -										
				_L				-		<u> </u>

SIGNATURE AND TYPED OFFERINTED NAME OF SIGNING OFFICER OR DIRECTOR