

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P04000003666 1. Entity Name THE COIN CATALOG, INC.	
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Principal Place of Business 1033 SAN CARLOS AVE ST PETERSBURG, FL 33702	Mailing Address 1033 SAN CARLOS AVE ST PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



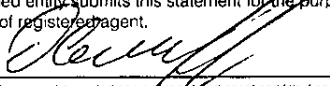
01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0501979	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GENOV, DIMITRE 1033 SAN CARLOS AVE ST PETERSBURG, FL 33702

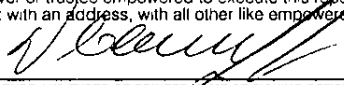
DO NOT WRITE IN THIS SPACE

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: 4/14/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENOV, DIMITRE 1033 SAN CARLOS AVE ST PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000901158 04/29/08-80058-018 150.00 DO NOT WRITE IN THIS SPACE

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: 4/14/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
