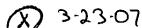
## **2007 FOR PROFIT CORPORATION**

## Mar 26, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000021547 TREASURE FINDERS, INC. Principal Place of Business Mailing Address 5447 N STATE RD 7 167 SOUTH STATE RD. #7 FORT LAUDERDALE, FL 33319 POMPANO BEACH, FL 33068 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0677619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANDIN, GARY I DO NOT WRITE 3111 UNIVERSITY DR., STE. 404 CORAL SPRINGS, FL 33065 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. 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME NAYMAN, OLEG STREET ADDRESS 167 SOUTH STATE RD. #7 CITY-ST-ZIP POMPANO BEACH, FL 33068 TITLE 03/30/07-80098-022 150.00 NAME GRINBERG, GREGORY STREET ADDRESS 167 SOUTH STATE RD. #7 CITY-ST-ZIP POMPANO BEACH, FL 33068 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 of justee 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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FILED