

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035336

Entity Name: MULTI PLATINUM, INC.

FILED  
Mar 30, 2007  
Secretary of State

## Current Principal Place of Business:

P.O.BOX 551466  
JACKSONVILLE, FL 32255

## New Principal Place of Business:

5025 HOLLYCREST DRIVE S  
JACKSONVILLE, FL 32205

## Current Mailing Address:

P.O.BOX 551466  
JACKSONVILLE, FL 32255

## New Mailing Address:

FEI Number: 20-0963635      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WOODS, WILLA D  
P.O. BOX 551466  
JACKSONVILLE, FL 32255      US

## Name and Address of New Registered Agent:

WOODS, WILLA D  
300 NW 11TH STREET #26  
BELLE GLADE, FL 33430      US

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.

SIGNATURE: \_\_\_\_\_

03/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOODS, EARNEST  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

Title: VPD ( ) Delete  
Name: STRACHAN, CASSANDRA L  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO ( ) Delete  
Name: WOODS, CEDRIC D  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WOODS, CEDRIC D  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

Title: SEC (X) Change ( ) Addition  
Name: WOODS, WILLA D  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO ( ) Change (X) Addition  
Name: STRACHAN, CASSANDRA L  
Address: P.O. BOX 551466  
City-St-Zip: JACKSONVILLE, FL 32255

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEDRIC D WOODS

VPD

03/30/2007

Electronic Signature of Signing Officer or Director

Date