
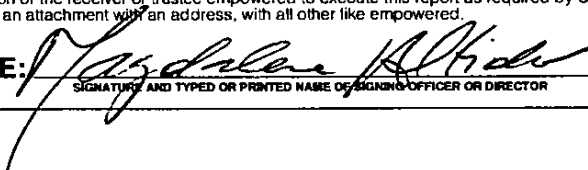


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 017 ***150.00

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # P04000040391 1. Entity Name GOLD MIST CORPORATION | |  | |
| Principal Place of Business % MAGDALENE ALTIDOR 2010 SW 99 TERRACE MIRAMAR, FL 33025 | | Mailing Address % MAGDALENE ALTIDOR 2010 SW 99 TERRACE MIRAMAR, FL 33025 | |
| 2. Principal Place of Business %Magdalene Altidor | | 3. Mailing Address %Magdalene Altidor | |
| Suite, Apt. #, etc. 15631 SW 53 Court | | Suite, Apt. #, etc. 15631 SW 53 Court | |
| City & State Miramar, Florida | | City & State Miramar, Florida | |
| Zip 33027 | Country USA | Zip 33027 | Country USA |
| 4. FEI Number 61-1467697 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALTIDOR, MAGDALENE 2010 SW 99 TERRACE MIRAMAR, FL 33025 | | 7. Name and Address of New Registered Agent Name Altidor, Magdalene Street Address (P.O. Box Number is Not Acceptable) 15631 SW 53 Court City Miramar FL Zip Code 33027 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D NAME ALTIDOR, MAGDALENE STREET ADDRESS 2010 SW 99 TERRACE CITY-ST-ZIP MIRAMAR, FL 33025 | <input type="checkbox"/> Delete | TITLE Altidor, Magdalene NAME 15631 SW 53 Court STREET ADDRESS Miramar, FL 33027 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | 4/21/05 (305) 610-4710 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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