


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 036 ***150.00

DOCUMENT # P04000125162		
1. Entity Name CORDON D'OR-GOLD RIBBON, INC.		

Principal Place of Business 7312 SIXTH AVE. NORTH ST. PETERSBURG, FL 33710	Mailing Address 7312 SIXTH AVE. NORTH ST. PETERSBURG, FL 33710
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 40660 Suite, Apt. #, etc.	
City & State		City & State St. Petersburg, Florida	
Zip	Country	Zip	Country
		33743-0660	U.S.A.

400000



04082006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0826029		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KINNEY, NOREEN M 7312 SIXTH AVE. NORTH ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Noreen Kinney (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KINNEY, NOREEN M 7312 SIXTH AVE. NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Noreen Kinney President 04/08/06 (727) 347-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #