2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P05000015525 1. Entity Name THE GOLD MIND, INC.						05-04-2006	90217 02	22 ***150	0.00
Principal Place of Business Mailing Address 2600 ISLAND BLVD STE 1906 2600 ISLAND BLVD STE AVENTURA, FL 33160 AVENTURA, FL 33160				T I JUBI KARI KI ANI	Fi Billi Bbill Bbill Bbil				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number	4 - 1919	864	}	pplied For at Applicable
Zip Country		Zip	Country		5. Certificate of			\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Ad	idress of New R	egistered A	gent	-
OT CORPORATION	N OVOTELA			Name					
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
, , , , , , , , , , , , , , , , , , , ,									
				City			FL	Zip Code	е
The above named ent the obligations of regi	tity submits this statement for the stered agent.	purpose of changing its	registere	ed office or registe	red agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	ed or printed name of registered agent and titl	is it annimohla (NOTE	- Parintara	ed Agent signature requires			DATE		
Contradict, 1992	so or prince have or regulatore again and no	e s approadu. (NOTE	registere	a rigani signature reduner	d when reinstating)		DAIL		
FILE NOW!!	! FEE IS \$150.00 06 Fee will be \$550.00	9. Election Campail Trust Fund Contr	gn Finar	ncing _ \$5	.00 May Be		DATE		
FILE NOW!! After May 1, 200	! FEE IS \$150.00 06 Fee will be \$550.00 OFFICERS AND DIRE	9. Election Campaig Trust Fund Contr	gn Finar	ncing _ \$5	.00 May Be ded to Fees	HANGES TO OFF		DIRECTOR	S IN 11
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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: Y

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

x 4-25-2006

Daytime Phone #