

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000015526

Entity Name: GOLD MIND TOURS, INC.

FILED
Sep 27, 2007
Secretary of State

Current Principal Place of Business:

2600 ISLAND BLVD STE 1906
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2600 ISLAND BLVD STE 1906
AVENTURA, FL 33160

New Mailing Address:

2528 CALUMET DRIVE
VIRGINIA BEACH, VA 23456

FEI Number: 54-1919864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIOT, MELISSA
Address: 2600 ISLAND BLVD STE 1906
City-St-Zip: AVENTURA, FL 33160

Title: SEC () Delete
Name: ELLIOTT, MELISSA
Address: 2600 ISLAND BLVD STE 1906
City-St-Zip: AVENTURA, FL 33160

Title: DIR () Delete
Name: ELLIOTT, MELISSA
Address: 2600 ISLAND BLVD STE 1906
City-St-Zip: AVENTURA, FL 33160

Title: DIR () Delete
Name: ELLIOTT, MELINDA
Address: 2528 CALUMET DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: M. NICOLE WILLIAMS

ATTY

09/27/2007

Electronic Signature of Signing Officer or Director

Date