

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149573

Entity Name: NATURES OWN GOLD INC.

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

17654 CIRCLE POND CT.
BOCA RATON, FL 33496

New Principal Place of Business:

C/O: AUTOMOTIVE WARRANTY SOLUTIONS, INC.
6501 CONGRESS AVENUE, SUITE 140
BOCA RATON, FL 33487 US

Current Mailing Address:

17654 CIRCLE POND CT.
BOCA RATON, FL 33496

New Mailing Address:

C/O: AUTOMOTIVE WARRANTY SOLUTIONS, INC.
6501 CONGRESS AVENUE, SUITE 140
BOCA RATON, FL 33487 US

FEI Number: 20-3761734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HIRSCH, SCOTT
Address: 17654 CIRCLE POND CT.
City-St-Zip: BOCA RATON, FL 33496

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIRSCH, SCOTT
Address: 6501 CONGRESS AVENUE, SUITE 140
City-St-Zip: BOCA RATON, FL 33487 US

Title: SD () Change (X) Addition
Name: CHUKRAN, KOBİ
Address: 6501 CONGRESS AVENUE, SUITE 140
City-St-Zip: BOCA RATON, FL 33487 US

Title: TD () Change (X) Addition
Name: MANCUSO, RALPH S
Address: 6501 CONGRESS AVENUE, SUITE 140
City-St-Zip: BOCA RATON, FL 33487 US

Title: VD () Change (X) Addition
Name: BRIGGS, SHANNON
Address: 6501 CONGRESS AVENUE, SUITE 140
City-St-Zip: BOCA RATON, FL 33487 US

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: SCOTT HIRSCH

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date