

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000160934

Entity Name: AMERICAN GOLD REALTY, INC.

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

3200 CAVERNS ROAD
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

3200 CAVERNS ROAD
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 20-3921465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWELL, SANDRA A
3200 CAVERNS ROAD
MARIANNA, FL 32446 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: CEO () Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: PRES () Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: VP (X) Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: SECR (X) Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: TRES (X) Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: BROK (X) Delete
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

Title: CV (X) Change () Addition
Name: POWELL, SANDRA A
Address: 2113 GABLE RIDGE DRIVE
City-St-Zip: MARIANNA, FL 32448 US

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: SANDRA A. POWELL

PRES

05/25/2007

Electronic Signature of Signing Officer or Director

Date