2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009462

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

Entity Nan	ne: GOLD SC	DLUTIONS INTERNATIONAL	_, INC.			•	
Current Principal Place of Business:				New Principal Place of Business:			
900 N. FEDERAL HWY, STE. 260 BOCA RATON, FL 33432				900 N. FEDERAL HWY, STE. 260 BOCA RATON, FL 33432 US			
Current Mailing Address:				New Mailing Address:			
900 N. FEDERAL HWY, STE. 260 BOCA RATON, FL 33432				900 N. FEDERAL HWY, STE. 260 BOCA RATON, FL 33432 US			
FEI Number:	20-4242378	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
900 N. FED	ER, GERALD DERAL HWY, 5 ON, FL 3343						
The above in the State		submits this statement for the	e purpose o	of changing it	ts registered	d office or registered agent, c	r both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	gent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRESLAUER, 0 900 N. FEDERA BOCA RATON,	AL HWY, STE. 260 FL 33432		Title: Name: Address: City-St-Zip:	KALLAN, MA 900 N. FEDE BOCA RATO	ERAL HWY, STE. 260 N, FL 33432 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	INVERNALE, 900 N. FEDE	() Change (X) Addition ANNE ERAL HWY. #260 N, FL 33432 US	
Title: Name: Address:	()	Delete		Title: Name: Address:	BRESLAUER	() Change (X) Addition R, GERALD ERAL HWY. #260	

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.

City-St-Zip:

BOCA RATON, FL 33432 US

SIGNATURE: MARK KALLAN D/P 04/10/2008