


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90152 027 \*\*\*150.00

<b>DOCUMENT # P93000031288</b> 1. Entity Name AUSTRALIAN_GOLD_YACHT CHARTERS, INC.					
Principal Place of Business 7122 ANDRE CT INDIANAPOLIS, IN 46278 US			Mailing Address 7122 ANDRE CT INDIANAPOLIS, IN 46278 US		
2. Principal Place of Business 1128 Laurelwood		3. Mailing Address 1128 Laurelwood			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Carmel, IN		City & State Carmel, IN		4. FEI Number 59-3216425	
Zip 46032		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRAY, TREVOR 7122 ANDRE CT INDIANAPOLIS, IN 46278		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Trevor Gray 1128 Laurelwood Carmel, IN 46032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, EDNA H 7122 ANDRE CT INDIANAPOLIS, IN 46278		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Edna H. Gray 1128 Laurelwood Carmel, IN 46032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELL, RICHARD A 6270 CORPORATE DRIVE INDIANAPOLIS, IN 46278		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ Edna H. Gray, Vice President			Date: 3/29/05 Daytime Phone #		