---2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088483

1. Entity Name

GOLD MINE PUBLICATIONS AND MAGAZINES, INCORPORATED



FILED
May 01, 2006 08:00 AN
Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

24 SW HOLLYWOOD BLVD #4 FT. WALTON BEACH, FL 32548

US FT. WA

24 SW HOLLYWOOD BLVD #4 FT. WALTON BEACH, FL 32548 US



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2782574 Not Applied able

5. Certificate of Status Desired

04252006

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent"

KIMREY, ROBERT L 24 SW HOLLYWOOD #4 FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

No Chg-P

				IN	IHIS SPACE
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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				required when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	• _□	\$5.00 May Be Added to Fees	H00000552800 05/15/06-80025-018 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KIMREY, ROBERT L 24 SW HOLLYWOOD BLVD #4 FT WALTON BEACH, FL 32548				
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
T				•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entity is report is true and occurate 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 of 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

INSTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 Date

850 244-0946