


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90198 013 ***150.00

DOCUMENT # P96000086757 1. Entity Name GOLD PROPERTIES, INC.					
Principal Place of Business 55 FIFTH STREET N.W. WINTER HAVEN, FL 33881			Mailing Address P.O. BOX 2708 WINTER HAVEN, FL 33883-2708 US		
2. Principal Place of Business 31 5TH STREET, NW Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State			
Zip 33881		Country US		4. FEI Number 59-3404743	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOLD, MARTHA J 55 FIFTH ST., N.W. WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name GOLD, MARTHA J. Street Address (P.O. Box Number is Not Acceptable) 31 5TH STREET, NW City WINTER HAVEN, FL Zip Code 33881	
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 <u>Martha J. Gold</u> MARTHA J. GOLD <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLD, STEPHEN L 55 FIFTH ST N.W. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLD, MARTHA J 55 FIFTH ST N.W. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLD, STEPHEN L. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLD, MARTHA J. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLD, STEPHEN L. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLD, MARTHA J. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLD, STEPHEN L. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLD, MARTHA J. 31 5TH STREET, NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: <u>Martha J. Gold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/24/06</u> <u>863-299-2461</u> <small>Date Daytime Phone #</small>		

MARTHA J. GOLD