


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90820 009 \*\*\*150.00

<b>DOCUMENT # P96000086757</b> 1. Entity Name <b>GOLD PROPERTIES, INC.</b>					
Principal Place of Business <b>31 5TH ST NW WINTER HAVEN, FL 33881</b>			Mailing Address <b>P.O. BOX 2708 WINTER HAVEN, FL 33883-2708 US</b>		
2. Principal Place of Business - No P.O. Box # <b>47 FIFTH STREET, NW</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b>		City & State		4. FEI Number <b>59-3404743</b>	
Zip <b>33881-4672</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLD, MARTHA J 31 5TH ST NW WINTER HAVEN, FL 33881</b>				7. Name and Address of New Registered Agent Name <b>GOLD, MARTHA J.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>47 FIFTH STREET, NW</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33881</b>	
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>Marttha J. Gold</u> <b>MARTHA J. GOLD, SEC/Treas</b> <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, STEPHEN L. <input type="checkbox"/> Delete 31 5TH ST NW WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, STEPHEN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 FIFTH STREET, NW WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLD, MARTHA J. <input type="checkbox"/> Delete 31 S ST NW WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLD, MARTHA J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 FIFTH STREET, NW WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <u>Marttha J. Gold</u> <b>MARTHA J. GOLD</b> <u>4/27/07</u> <u>(863) 299-2461</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					