2005 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 31, 2005 08:00 AM DOCUMENT # P98000033140 **Secretary of State** 1. Entity Name GOLD RUSH OF MARION, INC. Principal Place of Business Mailing Address 907 WEBSTER STREET 917 S 14TH STREET LEESBURG, FL 34748 LEESBURG, FL 34748 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3505761 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSS, GEORGE H DO NOT WRITE 907 WEBSTER STREET LEESBURG, FL 34748 IN THIS 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, typed or printed name of registered agent and title	f applicable (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

10. OFFICERS AND DIRECTORS TITLE TALWAR, SUNIL K NAME STREET ADDRESS 10401 HIGHWAY 441 SOUTH CITY-ST-ZIP LEESBURG, FL 34788 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Perparation บังวังเรียกกันสะกฤตร (รุก กฤ

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR