_2606 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # S14141** THE GOLDSMITH OF PALM COAST, INC. Principal Place of Business Mailing Address 25-9 PALM HARBOR VILLAGE WAY 25-9 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137 PALM COAST, FL 32137 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3037176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BOOMER, CHARLES C. DO NOT WRITE 133 CIMMARON DRIVE PALM COAST, FL 32137 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 Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550,00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BOOMER, CHARLES C. NAME STREET ACCRESS 25-9 PALM HARBOR VILLAGE WAY U00000493365 CITY-ST-ZIP PALM COAST, FL 32137 04/20/06-80028-001 150.do mu NAME BOOMER, CHARLES C. STREET ADDRESS 25-9 PALM HARBOR VILLAGE WAY CATY-ST-ZIP PALM COAST, FL 32137 TITLE NAME CHREET AUTHORS DO NOT WRITE CKTY - ST - ZKP TIDE IN THIS SPACE STREET ADDRESS CYTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-ZIP

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 in chapter 607 or an attackment with an address, with all other key ampowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED