2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# V11131

Entity Name: GOLD MEDAL ASSOCIATES, INC.

Current Principal Place of Business:

13703-1 U.S. HWY 19
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13703-1 U.S. HWY 19
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3115405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, JUDITH A
13407 STARFISH DRIVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

NORMAN, JAMES
13407 STARFISH DRIVE
HUDSON, FL 34667 US

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.

SIGNATURE: JAMES NORMAN 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NORMAN, JUDITH A
Address: 13407 STARFISH DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: NORMAN, JAMES E
Address: 13407 STARFISH DRIVE
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete
Name: ST. GERMAIN, MARY
Address: 12812 FIRST ISLE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NORMAN, JAMES A
Address: 13407 STARFISH DRIVE
City-St-Zip: HUDSON, FL 34667

Title: V.P (X) Change ( ) Addition
Name: TAFEL, SCHAUNDA
Address: 8633 HELMSLY LANE
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NORMAN PRES 01/20/2009
Electronic Signature of Signing Officer or Director Date