



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90309 016 \*\*\*150.00

DOCUMENT # V50364					
1. Entity Name HOLY GOLD, INC.					
Principal Place of Business 7900 NW 27TH AVENUE STE. 406 MIAMI, FL 33147 US		Mailing Address 7900 NW 27TH AVENUE STE. 406 MIAMI, FL 33147 US		<b>J0013333</b>  	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-0347762	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARK, HAE S <del>12950 NW 23RD ST</del> <del>PEMBROKE PINES, FL 33020</del>				Name	
				Street Address (P.O. Box Number is Not Acceptable) <i>19511 S. CORUINA WAY</i>	
				City <i>WESTON</i> FL Zip Code <i>33332</i>	
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 <i>Hae S Park</i>				DATE <i>4/27/06</i>	
Signature, typed or printed name of registered agent and file if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	PSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, HAE S		NAME		
STREET ADDRESS	<del>12950 SW 23RD ST</del>		STREET ADDRESS	<i>19511 S. CORUINA WAY</i>	
CITY - ST - ZIP	<del>PEMBROKE PINES, FL 33020</del>		CITY - ST - ZIP	<i>WESTON, FL 33332</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hae S Park</i>				DATE: <i>4/27/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	