

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005508

Entity Name: TOURNAMENTGOLD, INC.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

6825 PINE ST. #C4
OMAHA, NE 68106

New Principal Place of Business:

10665 BEDFORD, #105
OMAHA, NE 68134

Current Mailing Address:

6825 PINE ST. #C4
OMAHA, NE 68106

New Mailing Address:

FEI Number: 47-0833585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTRAND, WILLIAM
2698D N. ALBATROSS ROAD
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: W. LEE FATE,
Address: 1069 DANCING HORSE DR.
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: VD () Delete
Name: GORNELL, PAUL G
Address: 12717 YATES STREET
City-St-Zip: OMAHA, NE 68164

Title: D () Delete
Name: SCHULTZ, RICHARD
Address: 3670 TWISTED OAK CIRCLE
City-St-Zip: COLORADO SPRINGS, CO 80904

Title: D () Delete
Name: BLAHA, ROBERT
Address: 14335 ROLLER COASTER LANE
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: ST () Delete
Name: GORNELL, ROBIN
Address: 12717 YATES STREET
City-St-Zip: OMAHA, NE 68164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: W. LEE FATE,
Address: 20101 WIRT ST.
City-St-Zip: ELKHORN, NE 68022

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

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

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

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: ROBIN GORNELL

MS.

05/05/2008

Electronic Signature of Signing Officer or Director

Date