2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# H16340

Entity Name: GOLDEN BEAR INTERNATIONAL, INC.

Current Principal Place of Business:

11780 U.S. HWY. #1, SUITE 500
N.PALM BCH., FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 U.S. HWY. #1, SUITE 500
N.PALM BCH., FL 33408

New Mailing Address:

FEI Number: 59-2439293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
3RD FLOOR
N PALM BEACH, FL 33408 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: DCBP ( ) Delete
Name: NICKLAUS, JACK W.,
Address: 11780 US HIGHWAY ONE, # 500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DVP ( ) Delete
Name: NICKLAUS, JACK II
Address: 11780 US HIGHWAY ONE, # 500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DSVT ( ) Delete
Name: NICKLAUS, STEVEN C
Address: 11780 US HIGHWAY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SRVP ( ) Delete
Name: NICKLAUS, JACK W II
Address: 11780 US HGHWAY ONE STE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP ( ) Delete
Name: NICKLAUS, JACK W II
Address: 11780 US HIGHWAY ONE, #400
City-St-Zip: NORTH PALM BEACH, FL

Title: VP ( ) Delete
Name: NICKLAUS, STEVEN C
Address: 11780 US HWY ONE STE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: DONNA L. DOTY S 02/03/2006

Electronic Signature of Signing Officer or Director — Date