


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K20815
 1. Entity Name
 THE GOLDEN WHISK, INC.



Principal Place of Business: 7932 FLAGLER COURT SOUTH, WEST PALM BEACH, FL 33405
 Mailing Address: 12765 FOREST HILL BLVD., STE. 1302, WELLINGTON, FL 33414

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03092005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0044810 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE MENDOZA, III, MARIO G P.A.
 12765 FOREST HILL BOULEVARD
 SUITE 1302
 WEST PALM BEACH, FL 33414

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	MENDOZA, MARIO G. DE III
STREET ADDRESS	12765 FOREST HILL BLVD. SUITE 1302
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	PD
NAME	RITCH, LESLIE M.
STREET ADDRESS	12765 FOREST HILL BLVD. SUITE 1302
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	ST
NAME	MCINTOSH, DAVID
STREET ADDRESS	12765 FOREST HILL BLVD. SUITE 1302
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/07/05-80022-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leslie M. Ritch Leslie M. Ritch, President 4-3-05 562-533-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #