


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000489299  
04/18/06-80011-005 150.00

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

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IN THIS SPACE**

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 *Leslie M. Ritch* **Leslie M. Ritch, Pres.** **3-28-06** **561-533-7982**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #