2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N03000008615

Entity Name: GOLDEN HEARTS FOUNDATION INC.

Current Principal Place of Business:

3280 C SOUTH ATLANTIC AVE
48
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3280 C SOUTH ATLANTIC AVE
48
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 20-0490776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, PAMELA
3280 C SOUTH ATLANTIC AVE
48
DAYTONA BEACH SHORES, FL 32118 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: PAMELA ROSS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSS, PAMELA
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: SEC ( ) Delete
Name: KOELLER, DAVID
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: TRES ( ) Delete
Name: KOELLER, DAVID
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: DIR ( ) Delete
Name: ROSS, PAMELA
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: DIR ( ) Delete
Name: KOELLER, DAVID
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: DIR ( ) Delete
Name: KOELLER, DAVID
Address: 3280 C SOUTH ATLANTIC AVE, #48
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA ROSS P 04/27/2006

Electronic Signature of Signing Officer or Director — Date