

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000094473

1. Entity Name
GOLDEN RULE HOLDINGS, INC.



Principal Place of Business
50 N. LAURA
SUITE 2800
JACKSONVILLE, FL 32202

Mailing Address
50 N. LAURA
SUITE 2800
JACKSONVILLE, FL 32202



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677491

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, THOMAS E
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202

**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 re-registering) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE VST
NAME ALVAREZ, SUSAN S
STREET ADDRESS 50 N. LAURA STREET #2800
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME GIBBS, THOMAS E
STREET ADDRESS 50 N. LAURA STREET #2800
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
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STREET ADDRESS
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000000542465
05/10/06-80097-011 150.00

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____