



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 257548</b> 1. Entity Name <b>GOLDEN BAY TOWERS, INC.</b>						CANCELLED NON FILED OK BY <i>[Signature]</i> <b>06 JUN 29 2006</b> SECRETARY OF STATE TALLAHASSEE, FL 32399-0001 <b>40097307</b> 	
Principal Place of Business <b>3209 S. OCEAN DR. HALLANDALE, FL 33009 US</b>				Mailing Address <b>3209 S. OCEAN DR. HALLANDALE, FL 33009 US</b>			
2. Principal Place of Business Suite, Apt., #, etc.				3. Mailing Address Suite, Apt., #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>SMITH, ROSEMARY 3209 S OCEAN DRIVE HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>Andrew Meyrowitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>2035 Harding Street, Suite 200</b> City <b>Hollywood</b> FL Zip Code <b>33020</b>			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>6/6/06</b>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>800077083838</b> <b>07/06/06--01044--008 **61.25</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIMARD, PIERRE</b> <input checked="" type="checkbox"/> Delete <b>3209 S. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Caulk, Paul J.</b> <b>3209 S. Ocean Drive, Unit 2C</b> <b>Hallandale, FL 33009</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>SMITH, RICHARD J</b> <b>3209 S. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gabrielli, Mario</b> <b>1591 Ayrault Road</b> <b>Fairport, NY 14450</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>SMITH, ROSEMARY C</b> <b>3209 S. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robertson, Diane</b> <b>202 Myers Drive</b> <b>Hartly, Delaware 19953</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>ATTIERI, TERESE</b> <b>3209 S. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gagne, Jean</b> <b>313-6 Dozois, Granby</b> <b>Quebec, Canada, J2H 1H6</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Baldassare, Peter</b> <b>143 Lambton Circle</b> <b>Rochester, NY 14626</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Altieri, Terese</b> <b>3209 S. Ocean Drive, Unit 6-I</b> <b>Hallandale, FL 33009</b>		
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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/20/06</b> Daytime Phone #			