


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90214 020 ****61.25

DOCUMENT # 719955 1. Entity Name THE GOLDEN ARMS, INC.	
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Principal Place of Business 601 N. ATLANTIC AVE NEW SMYRNA BEACH FL 32169	Mailing Address 601 N. ATLANTIC AVE NEW SMYRNA BEACH FL 32169
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-6528061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEAL, EARL V 601 N. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169	
7. Name and Address of New Registered Agent Name JAMES SAGAN Street Address (P.O. Box Number is Not Acceptable) 601 N. ATLANTIC AVE #203 City NEW SMYRNA BCH. FL Zip Code 32169	

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 JAMES SAGAN  4/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, LARRY 201 W FIRST ST SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, DENNIS 3744 CAINE DR. NAPERVILLE, IL. 60564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMERINE, OLLIE B 601 N. ATLANTIC AVE., #204 NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAGAN, JAMES 2669 HUNTERS POINT DR. WEXFORD PA 15090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 601 N. ATLANTIC AVE #203 NEW SMYRNA BCH. FL. 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELTZ, TIM 601 N. ATLANTIC AVE 704 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALATIERE, DAVID 518 SPRING CLUB DR. ALTAMONTE SPRINGS, FL. 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABIA, DENNIS 236 SHADOW BAY BLVD LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEAL, EARL V 601 N ATLANTIC #405 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, SUE 5019 ST. DENISE CT. ORLANDO, FL. 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Dennis Sabia DENNIS SABIA 4/22/06 386-428-7641