2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 719955

Entity Name: THE GOLDEN ARMS, INC.

Current Principal Place of Business:

601 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

601 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-6528061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES SAGAN
601 N. ATLANTIC AVE. #203
NEW SMYRNA BEACH, FL 32169 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	HANSON, DENNIS	
Address:	3744 CAINE DR.	
City-St-Zip:	NAPERVILLE, IL 60564	
Title:	D	( ) Delete
Name:	EMERINE, OLLIE B	
Address:	601 N. ATLANTIC AVE., #204	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	P	( ) Delete
Name:	SAGAN, JAMES	
Address:	601 N. ATLANTIC AVE. #203	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	T	( ) Delete
Name:	PALATIERE, DAVID	
Address:	518 SPRING CLUB DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	V	( ) Delete
Name:	SABIA, DENNIS	
Address:	236 SHADOW BAY BLVD	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	GARNER, SUE	
Address:	5019 ST. DENISE CT.	
City-St-Zip:	ORLANDO, FL 32812	

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 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: JAMES SAGAN DIR 04/10/2009

Electronic Signature of Signing Officer or Director — Date