2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2011
Secretary of State

DOCUMENT# F05555

Entity Name: GOLDEN RETREAT SHELTER CARE CENTER INC.

Current Principal Place of Business:

4410 MONCRIEF ROAD W
JACKSONVILLE, FL 322091228

New Principal Place of Business:

Current Mailing Address:

4410 MONCRIEF ROAD W
JACKSONVILLE, FL 322091228

New Mailing Address:

FEI Number: 59-2006458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAH, ABDULLAH
4410 MONCRIEF RD. WEST
JACKSONVILLE, FL 32209 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: MGRM
Name: SHAH, ABDULLAH
Address: 4410 MANCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: SHAH, ABDULLAH
Address: 4410 MONCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP
Name: SHAH, BETTY
Address: 4410 MONCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: S
Name: JONES, KHALELAH
Address: 4410 MONCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABDULLAH SHAH PRES 06/30/2011

Electronic Signature of Signing Officer or Director Date