


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-11-2007 90026 046 ***558.75

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DOCUMENT # F06000004699							
1. Entity Name GOLDEN GOOSE CORPORATION							
Principal Place of Business 2033 MAIN STREET SUITE 402 SARASOTA, FL 34237		Mailing Address 2033 MAIN STREET SUITE 402 SARASOTA, FL 34237		66019601			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		05082007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BROWN, MICHAEL 2033 MAIN STREET SUITE 402 SARASOTA, FL 34237			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CHRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BADOLATO, ANDREW		NAME				
STREET ADDRESS	2033 MAIN STREET, SUITE 402		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BADOLATO, ANDREW		NAME				
STREET ADDRESS	2033 MAIN STREET, SUITE 402		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WEST, DAVID		NAME				
STREET ADDRESS	2033 MAIN STREET, SUITE 402		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CLELAND, CHARLES		NAME				
STREET ADDRESS	2033 MAIN STREET, SUITE 402		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 fee empowered.							
SIGNATURE: <u>David West</u>		Date: <u>5/18/07</u>		Daytime Phone #: <u>941-925-2500</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			