


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90014 040 ***158.75

DOCUMENT # J90336		
1. Entity Name GOLDON TRAVEL, INC.		

Principal Place of Business 11367 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 US	Mailing Address 11367 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 US
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2. Principal Place of Business 11227 66 TH ST N. Suite, Apt. #, etc.	3. Mailing Address 11227 66 TH ST N. Suite, Apt. #, etc.
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33412	Country PALM BEACH
Zip 33412	Country PALM BEACH

01312006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0005605	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent SPERLING, C. MICHELLE 11227 66TH ST N WEST PALM BEACH, FL 33412	
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7. Name and Address of New Registered Agent 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 <i>C. Michelle Sperling</i> Signature, typed or printed name of registered agent and title, if applicable.	DATE 24 MAR 06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPERLING, C. MICHELLE 11227 66TH ST N WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>C. Michelle Sperling</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 24 MAR 06 (961) 790-3869 Daytime Phone #