

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14475

FILED
Apr 28, 2005
Secretary of State

Entity Name: GOLDEN RESOURCE MANAGEMENT, INC.

Current Principal Place of Business:

% JOHN SMILDE
3901 71ST ST W.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

% JOHN SMILDE
3901 71ST ST W.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0024560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMILDE, JOHN
3901 71ST ST W.
BRADENTON, FL 34209 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMILDE, JOHN,
Address: 3901 71ST ST W.
City-St-Zip: BRADENTON, FL

Title: DVT () Delete
Name: PILSBURY, JUDITH A.,
Address: P.O. BOX 64 N/A
City-St-Zip: PALOS PARK, IL

Title: DSV () Delete
Name: STRAZ, JOANNE E.,
Address: 1140 MICHELL LANE
City-St-Zip: LOMBARD, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMILDE, JOHN,
Address: 3901 71ST ST W.
City-St-Zip: BRADENTON, FL 34209

Title: DVT (X) Change () Addition
Name: PILSBURY, JUDITH A.,
Address: P.O. BOX 64 N/A
City-St-Zip: PALOS PARK, IL 60464

Title: DSV (X) Change () Addition
Name: STRAZ, JOANNE E.,
Address: 1140 MICHELL LANE
City-St-Zip: LOMBARD, IL 60148

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SMILDE

DP

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date