


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05724 1. Entity Name GOLDEN STAR ENTERPRISES, INC.	
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Principal Place of Business 4045 KING ARTHUR DR PENSACOLA, FL 32514 US	Mailing Address 4045 KINGARTHUR DR PENSACOLA, FL 32514 US
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2965111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
 417 E. VIRGINIA STREET
 SUITE 1
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000653898 03/13/07-80041-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO, NELSON P. C. 4230 OBREGON DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, JEOU S. 4045 KING ARTHUR DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, CHING K. 3898 PARADISE DR. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAO, JOHN 307 MIMOSA STREET LAKE JACKSON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jeou S. Wang Jeou S. Wang 2/28/07 850-496-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #