2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 A Secretary of State **DOCUMENT # L45077** GOLDEN GATE ASSOCIATES, INC. Principal Place of Business Mailing Address 13902 N DALE MABRY P.O. BOX 18444 TAMPA, FL 33679-8444 US SUITE 152 TAMPA, FL 33618 US No Chg-P CR2E034 (11/05) 02172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0172042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent GILL, MARVIN D. DO NOT WRITE 13902 N. DALE MABRY **SUITE 152** IN THIS SPACE TAMPA, FL 33618 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signéture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GILL, MARVIN D. STREET ADDRESS 13902 N DALE MABRY U00000644351 03/02/07-80038-018 150.00 CITY-ST-ZIP **TAMPA, FL 33618** TITLE NAME STREET ADDRESS CTTY-ST-21P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS