## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2006 08:00 AM Secretary of State

| DOCUMENT # L53860  1. Entity Name GOLDEN TOUCH DRY CLEANERS, INC.   |   |   |               |   | zeremiy or zeme  |  |
|---|---|---|---------------|---|--|--|
| GOLDLIN   | 1000H BICH GEENVERO, 1110               | •   |               |   |  |  |
| Principal Place of Business Mailing Address 4034 LITTLE RD 4034 LITTLE RD   |   |   |               |   |  |  |
| NEW PT RICHEY, FL 34655 US NEW PT RICHEY, FL 34655 US   |   |   |               |   | e) prom ilma saich wist matt merc sinte ainte prote proce y'hings & 1881 |  |
|   |   |   |               |   |  |  |
| DO NOT MOUTE IN THIS COASE  |   |   |               | 01172008 No Chg-P CR2E034 (11/05)                         |  |  |
| DO NOT WRITE IN THIS SPACE  |   |   | CE            | 4. FEI Number   Applied For   59-3018029   Not Applicable |  |  |
|   |   |   | !             | 5. Certificate of Status Desired                          |  |  |
| 5. Name and Address of Current Registered Agent   |   |   |               |   |  |  |
| GOLDEN, DONALD J<br>4034 LITTLE RD  |   |   | DO NOT WRITE  |   |  |  |
| NEW PORT RICHEY, FL 34655   |   |   | IN THIS SPACE |   |  |  |
| 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   |   |   |               |   |  |  |
| FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.   |   |   |               | .00 May Be<br>led to Fees                                 |  |  |
| 10.   | OFFICERS AND DIRE                       | CTORS                                     | {             |   |  |  |
| name<br>Siffeet address   | GOLDEN, DONALD J.<br>4034 LITTLE ROAD   |   | 1             |   |  |  |
| CITY-ST-ZIF   | NEW PORT RICHEY, FL                     |   | 1             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS   | GOLDEN, EDITH D.                        | U00000487816<br>04/14/06-80010-005 150.00 |               |   |  |  |
| CATY-ST-ZIP   | 4034 LITTLE ROAD<br>NEW PORT RICHEY, FL |   |               | 0 // 1 // 00 00010 000 100.00                             |  |  |
| SISLE<br>NAME   |   |   | ĺ             |   |  |  |
| STREET ADDRESS<br>CITY-SI-ZIP   | 25                                      |   |               | DO NOT WRITE  |  |  |
| TITLE<br>SLAME  |   |   |               | IN .  | THIS SPACE   |  |
| SIRELI ADDRESS<br>CHY-SI-ZIP  |   |   | ]             |   |  |  |
| TITLE<br>HAME   |   |   | 1             |   |  |  |
| STREET ADDRESS<br>C/TY-ST-21P   |   |   |               |   |  |  |
| TITLE   |   |   | 1             |   |  |  |
| STREET ADDRESS CITY-51-21P  |   |   |               |   |  |  |
| 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 long affect as it made under path; 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 is changed, or on an attachment with an express, with all other tike empowered.    Comparison of 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 is changed, or on an attachment with an expression of the receiver of trustee empowered. |   |   |               |   |  |  |
| SIGNATURE: A CANALLY SHOULD ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 3 77 0 000 0000 0000000000000000000000   |   |   |               |   |  |  |