2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 01, 2006 8:00 am Secretary of State DOCUMENT # N01000001154 08-01-2006 90003 015 ****61.25 GOLDEN STREETS, INC. Principal Place of Business Mailing Address 140 SOUTH BOULEVARD 140 SOUTH BOULEVARD BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 2nd MOORE CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 65-1104100 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Beec 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHASE, SANDRA 140 SOUTH BOULEVARD #C Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** City 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. 1. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25. \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE ☐ Addition CHASE, TAMMI NAME A NAME 1246 BRACHTON AVE STREET ADDRESS STREET ADDRESS LOS ANGELES CA 96025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Addition THE ☐ Change DE COITO, CAROLYN NAME NAME 26 HOWARD STREET STREET ADDRESS STREET ADDRESS HAVERHILL MA 01830 CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - Addition -☐ Change FUSCHETTI, MARILYN NAME 5510 BARNSTEAD CIRCLE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 C(TY-ST-Z)P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition CHASE, SANDRA NAME NAME 140 SOUTH BLVD #C STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** City-St-ZIP CITY ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition TAYLOR, GEORGENE NAME NAME 11242 NW 14TH CT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, 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:

FILED