


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000009692	
1. Entity Name <b>GOLDEN EAGLE INC.</b>	

Principal Place of Business <b>1601 NW 56 ST MIAMI, FL 33142</b>	Mailing Address <b>1601 NW 56 ST MIAMI, FL 33142</b>
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03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>37-1468582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**DAVIS HATCHER, SHARNA ESQ  
THE LAW FIRM OF SHARNA DAVIS HATCHER, P.A.  
13899 BISCAYNE BLVD STE 129  
N MIAMI BCH, FL 33181**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTIC, ALEXANDER REV. 17211 N.W. 22ND AVE. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, C. E. REV. 853 N.W. 74TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARY W 1601 N.W. 56 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/06-80039-004 70.00

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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 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:** *[Signature]* **3-21-06 454-446.435**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #