2004 NOT-FOR-PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N03000010281** 05-03-2004 90660 016 ****61.25 GOLDEN STAR INTERNATIONAL INSTITUTE FOR CHANGE, INC. Principal Place of Business Mailing Address 841 W LEMON ST 841 W LEMON ST LAKELAND, FL 33815 LAKELAND, FL 33815 Mailing Address-2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. 04142004 CR2E037 (10/03) Applied For City & State City & State 4. FEI Number ielond Not Applicable \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, FREDDIE LI Street Address (P.O. Box Number is Not Acceptable) 841 W LEMON ST LAKELAND, FL 33815 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITE ☐ Delete MITCHELL, FREDDIE LI NAME NAME 841 W LEMON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME 3 MOSELY, MICHAEL NAME 841 W LEMON ST STREET ADDRESS STREET ADDRESS LAKELAND, FL 33815 CITY-ST-ZIP CITY-ST-7IP

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADORESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

City-St-7IP

SIGNATURE:

W

BERRY, MARVIN

841 W LEMON ST

LAKELAND, FL 33815

TITLE

TITLE

NAME STREET ADDRESS

NAME :

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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