
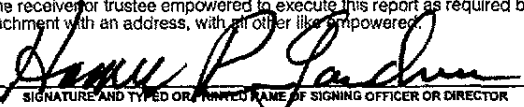


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N95000004920</b>		
1. Entity Name GOLDEN WATTLE REFUGE, INC.		
Principal Place of Business 425 21ST CT VERO BEACH, FL 32962		Mailing Address 425 21ST CT VERO BEACH, FL 32962
<b>DO NOT WRITE IN THIS SPACE</b>		
		01142006 No Chg-NP CR2E037 (11/05)
4. FEI Number 65-0617225		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GARDNER, HOMER R 425 21ST COURT VERO BEACH, FL 32962		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, HOMER R 425 21ST COURT VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, BARBARA J 425 21ST COURT VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, DONALD E 2075 SW 21ST ST. OKEECHOBEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, CHRISTA 2075 SW 21ST ST. OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLISON, SIDNEY H 2155 15TH AVE., #D-1 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS 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: 		16 Jan 06 7725642437 Date Daytime Phone