2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112030

City-St-Zip:

BOCA RATON, FL 33432

Entity Name: GOLDEN SANDS HOLDINGS OF FLORIDA, INC.

FILED Apr 04, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---------------------------------------|--------------------------------|------------------------------------|--|--|
| TH 22 | IZNER BLVD ON, FL 3343: | 2 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| TH 22 | ZNER BLVD ON, FL 3343: | 2 | | | |
| FEI Number: | 65-1064248 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | LIAN AVE STE | 260 US | | | |
| The above in the State | | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Carr | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS | AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | P () LAWRENCE, SA 499 NE MIZNER | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRINA LAWRENCE P 04/04/2007