## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # DO 100034492  GOLDEN BLUE, INC.						05-16-2002 90053 034 ***150.00			
	DO NOT WRITE		PAC	E					
2. Principal 10901	Place of Business Front Beach Road	3. Mailing Address			_				
Suite, Apt. #, etc.  Suite, Apt. #, etc.									
				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE				
City & State Panama City Beach FL Panama City						4. FEI Number Applied For			
Zip "	Country	Panama City	Zip Count			59-3708513		Not Applicable	
3240	7 BAY	32417	BA		5.	Certificate of Status Desired		75 Additional Required	
					7. N	ame and Address of Current Registe			
		DETE		Name Kiehi	n. P	oland			
DO-NOT-WRITE Kiehn,						Roland CO. Box Number is Not Acceptable) Kenzie avenue			
" TINO OF ACE								<del></del>	
¢.				Panan	Ra=€:	=E±ty			
		Panama City FL 370 Code 32402							
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	istered ag	gent, or both, in the State of Florida.			
SIGNATURE									
<del></del> .	Signature, typed or printed name of registered agent ar			Agent signature req	uired when r	einstating) DATE		<del></del>	
9. This corpo	pration is eligible to satisfy its Intangible	January 1 - M After May	ay 1 Fe	e is \$150.00		40 51 11 0			
(See criteria on back)				URR is \$61.25		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payab	e to De	partment of S	State				
TITLE	P/V/T/S		TITLE						
NAME SIDEET ADODESS	Jonathan DeTullio		NAME						
STREET ADDRESS CITY-ST-ZIP	10901 Front Beach Rd. Panama City Beach FL 32407			T ADDRESS					
TITLE	ranama CITY Beac	n FL 32407	CHY-	SI-ZiP	<u></u>				
NAME			TITLE					ļ	
STREET ADDRESS				ADDRESS				18	
CITY-S1-ZIP			City-9	ST-ZIP					
NAME			TITLE		**	<del></del>			
STREET ADDRESS			NAME					1	
CHY=ST-ZIP			STREET	ADDRESS .		DO NOT WR	ITE		
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NAME			NAME			IN THIS SPA	CE		
STREET ADDRESS CITY-ST-ZIP				ADDRESS			-		
TITLE	· · · · · · · · · · · · · · · · · · ·		CITY-S	T-ZIP					
NAME			TITLE						
STREET ADDRESS			NAME STREET	ADDRESS				}	
CITY-ST-ZIP			CITY-ST						
ITLE		-	TITLE	<del>-  -</del>	<del></del> ·	· · · · · · · · · · · · · · · · · · ·			
TREET ADDRESS			NAME						
STY-S1-ZIP				ADDRESS					
	ertify that the information supplied with the	s filing door not availed a vi	CITY-SI						
indicated o	ertify that the information supplied with the in this report or supplemental report is true or the receiver or trustee empoyer.	e and accurate and that my	e exemp signatur	nion stated in S Shall have the	section 11 same le	9.07(3)(i), Florida Statutes, I further cert gall effect as if made under path that I a	tify that t	he information	

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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan DeTullio April 30 2002 8

350-233-1672

Daytime Phone #