

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90414 049 ***150.00

DOCUMENT # P01000067595

1. Entity Name
GOLDEN ISLAND, INC.



Principal Place of Business
845 HANAU AVE NW
PALM BAY, FL 32907

Mailing Address

845 HANAU AVE NW
PALM BAY, FL 32907

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3740992	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALEB, HAITHAM
845 HANAU AVE NW
PALM BAY, FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME TALEB, HAITHAM
STREET ADDRESS 845 HANAU AVE NW
CITY-ST-ZIP PALM BAY, FL 329079330

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME DIB, HIAM
STREET ADDRESS 845 HANAU AVE NW
CITY-ST-ZIP PALM BAY, FL 32907

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
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 607, 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:

Sig. Haitham Taleb

04-27-07 (321)-626-6854

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR