2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018037

Entity Name: GOLDEN CREEK, INC.

FILED Apr 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6840 FRIENDSHIP DRIVE SARASOTA, FL 34241 **Current Mailing Address: New Mailing Address:** 6840 FRIENDSHIP DRIVE SARASOTA, FL 34241 FEI Number: 01-0607371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SZABO, ZSOLT S 6840 FRIENDSHIP DRIVE SARASOTA, FL 34241 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SZABO, ZSOLT Name: Name: 6840 FRIENDSHIP DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34241 57 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SZABO, ZSOLT Name: 6840 FRIENDSHIP DR. Address: Address: SARASOTA, FL 34241 57 City-St-Zip: City-St-Zip: Title: Title: MR () Delete () Change () Addition SZABO, ZSOLT Name: Name: 6840 FRIENDSHIP DR. Address: Address: City-St-Zip: SARASOTA, FL 34241 57 City-St-Zip: Title: () Delete Title: () Change () Addition SZABO, ZSOLT Name: Name: Address: 6840 FRIENDSHIP DR. Address: City-St-Zip: SARASOTA, FL 34241 57 City-St-Zip: Title: MR Title: () Delete () Change () Addition SZABO, ZSOLT Name: Name: 6840 FRIENDSHIP DR. Address: Address: City-St-Zip: SARASOTA, FL 34241 57 City-St-Zip: Title: () Delete Title: () Change () Addition SZABO, ZSOLT Name: Name: 6840 FRIENDSHIP DR. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34241 57

I hereby certify that the information supplied with this filing does not qualify 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: ZSOLT SZABO MR 04/20/2008