2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000082229

1. Entity Name
GOLDEN OPPORTUNITY DIVERSITY INC.

Principal Place of Business	Mailing Address
40312 SIXTH AVE. UMATILLA, FL 32784	PO BOX 2151 UMATILLA, FL 32784

04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0789361
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIDWOOD, RICHARD G
31915 CR 437
SORRENTO, FL 32776

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000557480
05/17/06-80052-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLOVAK, DAVE M
STREET ADDRESS	40312 6TH AVE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VP
NAME	BENTLY, ROY E II
STREET ADDRESS	1810 N CR 19A
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	S
NAME	SYBERA, JERRY
STREET ADDRESS	27954 B SOUTH POINT DR
CITY-ST-ZIP	MILLBURY, OH 43447
TITLE	T
NAME	MIDWOOD, RICHARD G
STREET ADDRESS	31915 CR 437
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Dave Slovak 4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #