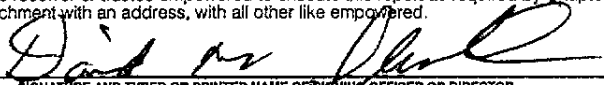


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000082229 1. Entity Name GOLDEN OPPORTUNITY DIVERSITY INC.		
Principal Place of Business 40312 SIXTH AVE. UMATILLA, FL 32784		Mailing Address PO BOX 2151 UMATILLA, FL 32784
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIDWOOD, RICHARD G 31915 CR 437 SORRENTO, FL 32776		
DO NOT WRITE IN THIS SPACE		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000557480 05/17/06-80052-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOVAK, DAVE M 40312 6TH AVE UMATILLA, FL 32784	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTLY, ROY E II 1810 N CR 19A UMATILLA, FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYBERA, JERRY 27954 B SOUTH POINT DR MILLBURY, OH 43447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDWOOD, RICHARD G 31915 CR 437 SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0789361	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required