2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED

NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2005 8:00 am Secretary of State DOCUMENT # P03000044649 05-31-2005 90002 048 ***150.00 THE GOLDEN ELEPHANT, INC. Principal Place of Business Mailing Address 210 LAKEVIEW DRIVE 210 LAKEVIEW DRIVE 50053103 #7-108 #7-108 WESTON, FL 33326 WESTON, FL 33326 US 2. Principal Place of Business 3. Mailing Address 178 LAKEVIEW Deire LAKEN'EW Drive 78 Suite. Apt. # etc. 04092005 CR2E034 (10/03) 102 102 City & State City & State NESTON 4. FEI Number Applied For FLORIDA _ 201397161 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3332-6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL, YVETTE M 210 LAKEVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) F-108 WESTON, FL 33326 City 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 ageit SIGNATURE Signature, typed or printed name of tide if applicable. (NOTE: Registerice Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition DANIEL, YVETTE M NAME NAME STREET ADDRESS 210 LAKEVIEW DRIVE #F-108 STREET ADDRESS WESTON, FL 33326 CHY-ST ZIP CITY - ST - ZIP TITLE ☐ Change ☐ Addition ESTRADA, RAUL E NAME MAM? STREET ADDRESS. 210 LAKEVIEW DRIVE #F-108 STREET ADDRESS CITY ST-ZIP WESTON, FL 33326 CITY-ST-ZIP ITTLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 empoyered 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:

FILED