


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90231 005 \*\*\*158.75

<b>DOCUMENT # P04000089465</b>	
1. Entity Name GOLDEN VISTA FINANCING G.P., INC.	

Principal Place of Business 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410-2758	Mailing Address 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410-2758
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2. Principal Place of Business c/o Harris Cramer LLP Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd., Ste. 310	3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 310
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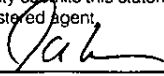


City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Zip 33401
Country USA	Country USA

03092005	Chg-P	CR2E034 (10/03)
4. FEI Number 33-1094143	Applied For Not Applicable	

6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410-2758	
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7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach, FL Zip Code 33401	
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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  <b>Harris Cramer LLP by Daryl B. Cramer, President</b> <b>4/26/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK SUITE 9 & 10 RICHMOND HILL ONTARIO CANADA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, WILLIAM P 105 WEST BEAVER CREEK SUITE 9 & 10 RICHMOND HILL ONTARIO CANADA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.	
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<b>SIGNATURE:</b> 	<b>APR 15 2005</b>	<b>905-882-1212</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #