2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P04000102689 1. Entity Name 02-06-2006 90094 040 ***150.00 GOLDEN PALM MORTGAGE CORP. Principal Place of Business Mailing Address 1575 PINE RIDGE ROAD 1575 PINE RIDGE ROAD SUITE 16 SUITE 16 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business Mailing Address 1575 PINE RIVER ROAD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Syite 16 Suite 16 City & State Applied For 4. FEI Number 20-1353463 NAPOLES Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIEL R. OPYT JR. OPYT, JAMES R Street Address (P.O. Box Number is NonAcceptable) 18930 Say works Lake 871 MEADOWLAND DR. #C NAPLES FL 34108 Myers 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 8. The above named entity the obligations of re-1-28-06 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Opt, Daviel R. JR. Mychange 18930 Bay woods Late Dr. 4102 Ft. myers FL 33908 TITLE ☐ Defete TITLE HAME NAME OPYT, DANIEL R JR. STREET ADDRESS STREET ADDRESS 14590 GRANDE CAY CIRCLE #2608 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 MR. Opyt , James K. TITLE Change ☐ Delete DILE Addition NAME NAME STREET ADDRESS STREET ADDRESS 20038 serre Or. CITY-ST-ZIP CITY-ST-ZIP Estero FL 33928 ☐ Delete TITLE Change ☐ Addition TITLE 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 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted empowered because 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 an other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED