2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2008 08:00 A Secretary of State **DOCUMENT # P05000032110 GOLDENSEA GROUP CORPORATION** Principal Place of Business Mailing Address 3884 TAMPA RD 3884 TAMPA RD OLDSMAR, FL 34677 OLDSMAR, FL 34677 DO NOT WRITE IN THIS SPACE No Chg-P 02022008 CR2E034 (11/05) Applied For 4. FEI Number 56-2528048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required The state of the s 6. Name and Address of Current Registered Agent DO NOT WRITE PFRENGLE, KENNETH 3884 TAMPA RD OLDSMAR, FL 34677 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 03/19/08-80009₌018 150-00 OFFICERS AND DIRECTORS 10. TITLE PFRENGLE, KENNETH NAME 3884 TAMPA RD STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADDRESS CITY+ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP

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 AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR

SIGNATURE: _

FILED