


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 038 ***550.00

DOCUMENT # P05000086724

1. Entity Name
GOLDEN PROPORTIONS GENERAL CONTRACTOR, INC.



| | |
|--|--|
| Principal Place of Business 6189 TAYLOR ROAD UNIT 1 NAPLES FL 34109 US | Mailing Address 6189 TAYLOR ROAD UNIT 1 NAPLES FL 34109 US |
|--|--|



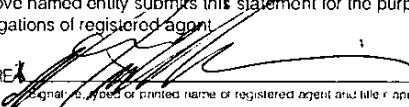
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|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # 6230 Shirley St STE 205 | 3. Mailing Address Same |
| Suite, Apt. #, etc. Naples, FL 34109 | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|---|---|
| 4. FEI Number 20-2963259 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| WARDEIN, NICHOLAS E 6189 TAYLOR ROAD UNIT 1 NAPLES FL 34109 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City FL 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 agent.

SIGNATURE:  **Nicholas Wardein** DATE: **6-19-07**

(NOTE: Registered Agent signature required when re-registering)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P WARDEIN, NICHOLAS E 6189 TAYLOR ROAD NAPLES FL 34109 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:  **Nicholas Wardein** DATE: **6-19-07** TELEPHONE: **239-593-3005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR