

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104829

FILED
Apr 30, 2007
Secretary of State

Entity Name: GOLDEN OPPORTUNITY TUTORING, INC.

Current Principal Place of Business:

16900 CAROLYN LANE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

1749 N.E. 10TH TERRACE
#9
CAPE CORAL, FL 33909

Current Mailing Address:

% ROBERT D ROYSTON, JR., ESQ.
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 06-1753034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYSTON, JR., ROBERT D ESQ
COSTELLO & ROYSTON
12670 NEW BRITTANY BLVD. SUITE 101
FORT MYERST, FL 33907 US

Name and Address of New Registered Agent:

ROYSTON, JR., ROBERT D ESQ
COSTELLO & ROYSTON
12670 NEW BRITTANY BLVD. SUITE 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: _____

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, BARBARA A
Address: 16900 CAROLYN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVPS () Delete
Name: HOENK, THOMAS
Address: 16900 CAROLYN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T () Delete
Name: HOENK, THOMAS
Address: 16900 CAROLYN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HOENK

DVPS

04/30/2007

Electronic Signature of Signing Officer or Director

Date