2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008045 07 JUN 12 PM 1:50 1. Entity Name FLORIDA GOLDEN INVESTMENT GROUP INC SECRETARY OF STATE B_{K} TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 79 COVENTRY ST. 79 COVENTRY ST. -SUITE 6 SUITE 6 NEWPORT, VT 05856 US NEWPORT, VT 05855 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3730(Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) BKNA 04282007 Chg-P #12c Applied For City & State 4. FEI Number State Not Applicable Zip Country \$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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHAGSEE, FL 32301 City 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 <u>bord</u> SIGNATURE. . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **Trust Fund Contribution** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 0 👂 ☐ Deteta me Change TITLE PARENTEAU, RICHARD NAME ٠, 79 COVENTRY ST., SUITE 6 STREET ADDRESS STREET ADDRESS BK CITY-ST-ZIP NEWPORT, VT 05855 CIFY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE ☐ Change ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete Change Addillari TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE ☐ Change Addition TITLE NAME NUME STREET ADDRESS STREET ADDRESS City-St-2# CITY-ST-ZIP ☐ Change ☐ Addition Delete TOTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 thus 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 ambowired 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.

05-01-2007 90039 034 *** 150.00