2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072818

Name:

Address:

City-St-Zip:

COUNCIL, PAT

JACKSONVILLE, FL 32256

9802-12 BAYMEADOWS ROAD PMB#175

Entity Name: GOALDEN DESTINIES UNLIMITED INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4651 SALISBURY ROAD STE 4010 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 4651 SALISBURY ROAD STE 4010 JACKSONVILLE, FL 32256 FEI Number: 26-4056092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUE THOROUGHBRED ENTERPRISES INC. 9802 -12 BAYMEADOWS ROAD PMB#175 JACKSONVILLE, FL 32256 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JOHNSON, W. CLAYTON Name: Name: 2 OLD TURNPIKE ROAD Address: Address: City-St-Zip: MORRISTOWN, NJ 07960 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete

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: W. CLAYTON JOHNSON PRES 04/30/2009