2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000005650 FILED 1. Entity Name GOLDEN MOTORS, INC. 07 JUN 1 1 PM 12: 06 Principal Place of Business Mailing Address SECR. J. STATE TALLAHASSEE, FLORIDA 1550 SOUTH TAMIAMI TRAIL 1550 SOUTH TAMIAMI TRAIL VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0384765 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDEN, ROBERT É Street Address (P.O. Box Number is Not Acceptable) 1550 S. TAMIAMI TR. VENICE, FL 34293 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 П Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TX Addition TITLE Defete Director Change GOLDEN, ROBERT E NAME NAME Golden, Robert E. 1550 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS 1550 S. Tamiami Trail VENICE, FL 34293 CITY-ST-ZIP CMY-ST-ZIP Venice, FL 34293 ☐ Change Addition TITLE Delete TITLE GOLDEN, DONNA NAME NAME 20010442463 STREET ADDRESS **522 HABITAT BLVD** STREET ADDRESS 06/15/07--01021--025 25 OSPREY, FL 34229 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Director ☐ Change GOLDEN, LORETTA NAME Golden, Loretta NAME 1550 S. TAMIAMI TRAIL STREET ACCRESS STREET ADDRESS 1550 S. Tamiami Trail CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP Venice, FL 34293 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition THTLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. May 1, 2007 (941) 408-1100 Robert E. Golden, Director SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone