


2006 FOR PROFIT CORPORATION ANNUAL REPORT

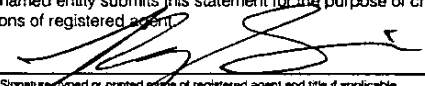
DOCUMENT# P93000036435 1. Entity Name GOLDEN UNICORN FILMS, INC.	
--	---

Principal Place of Business 1313 W 37TH ST HIALEAH, FL 33012	Mailing Address 1313 W 37TH ST HIALEAH, FL 33012
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUIU, RAY 1313 W 37TH ST HIALEAH, FL 33012

DO NOT WRITE
IN THIS SPACE

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 	DATE 7/19/06
(NOTE: Registered Agent signature required when re-registering)	

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GUIU, RAY 1313 W 37TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANEL, EMMA 1313 W 37TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

200078280702
08/02/06--01062--002 **150.00

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.

SIGNATURE: 	DATE 7/19/06	DAYTIME PHONE # (786) 357 9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED

06 JUL 24 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07182006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0410599	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required