## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000036293

5526 FOUNTAINS DRIVE

LAKE WORTH, FL 33467

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

Entity Nan	1e: GOLD'NE	KRACKLE	E, INC.					
Current Principal Place of Business:				New Principal	New Principal Place of Business:			
5401 EAST MANGONIA	AVE APARK, FL 3	33407	US					
Current Ma	ailing Addres	ss:		New Mailing A	New Mailing Address:			
5401 EAST MANGONIA	AVE APARK, FL 3	33407	US					
FEI Number:	65-0578628	FEI Nur	nber Applied For()	FEI Number Not Applicable	e ( ) Certific	ate of Status Desired ( )	1	
Name and Address of Current Registered Agent:				Name and Ado	Name and Address of New Registered Agent:			
COX, JACK S ESQ. 11450 S.E. DIXIE HIGHWAY SUITE 104 HOBE SOUND, FL 33455 US				5401 EAST AVI	CHAMOUN, GHASSAN 5401 EAST AVENUE MANGONIA PARK, FL 33407 US			
The above in the State		submits t	his statement for the p	urpose of changing its re	gistered office or	registered agent, or b	oth,	
SIGNATUR	E: GHASSA	N CHAM	OUN		1	03/26/2009		
	Electror	nic Signat	ure of Registered Age	nt		Date		
Election Carr	paign Financin	g Trust Fu	nd Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP ( ) CHAMOUN, YV 5526 FOUNTAI LAKE WORTH,	NS DRIVE		Title: Name: Address: City-St-Zip:	()Change	( ) Addition		
Title: Name: Address: City-St-Zip:	PO ( ) GUS CHAMOUI 5526 FOUNTAI LAKE WORTH,	NS DRIVE		Title: Name: Address: City-St-Zip:	()Change	( ) Addition		
Title: Name:	S ( ) CHAMOUN, AN	) Delete A L		Title: Name:	( ) Change	( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: GHASSAN CHAMOUN PO 03/26/2009