



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90005 002 \*\*\*150.00

<b>DOCUMENT # P96000096950</b> 1. Entity Name <b>GOLDEN DELTA, INC.</b>					
Principal Place of Business <b>874 CYPRESS PKWY</b> <b>POINCIANA, FL 34759 US</b>			Mailing Address <b>874 CYPRESS PKWY</b> <b>POINCIANA, FL 34759 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40095549</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>05012006    Chg-P    CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>4. FEI Number <b>59-3413042</b></span> <span>Applied For <input type="checkbox"/> Not Applicable</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>5. Certificate of Status Desired    <input type="checkbox"/></span> <span><b>\$8.75</b> Additional Fee Required</span> </div>	
6. Name and Address of Current Registered Agent  <b>FAN, MABLE</b> <b>3556 AMACA CIRCLE</b> <b>ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHU, MING YIN 1708 E RAVENWOOD CR KISSIMMEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAU, CHUN S 447 FOREST WOOD LN MAITLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSANNA, CHU 13201 LUXBURY LOOP ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAN, HING K 3556 AMACA CR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>6-30-06</u> Daytime Phone: _____		