## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000036997

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2006 Secretary of State

**Entity Name:** GOLAN PROPERTY MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** LUANI PLAZA 1454 KENNEDY D2 KEY WEST, FL 33040 **New Mailing Address: Current Mailing Address:** LUANI PLAZA 1454 KENNEDY DR KEY WEST, FL 33040 FEI Number: 65-0755339 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: GOLAN, KEITH 1454 KENNEDY DR KEY WEST, FL 33040 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: (X) Change ( ) Addition GOLAN, KEITH GOLAN, KEITH PRES Name: Name: 1500 ATLANTIC BLVD #409 1500 ATLANTIC BLVD #409 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: Title: (X) Change ( ) Addition () Delete Name: GOLAN, RALPH Name: GOLAN, RALPH VP 7020 18TH NE 7020 18TH NE Address: Address: SEATTLE, WA 98115 SEATTLE, WA 98115 City-St-Zip: City-St-Zip: () Delete Title: (X) Change ( ) Addition Title: GOLAN, MARIANNE GOLAN, MARIANNE VP Name: Name: 651 W KILKEA DR 651 W KILKEA DR Address: Address: City-St-Zip: LOS ANGELES, CA 90048 City-St-Zip: LOS ANGELES, CA 90048

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

MRS

( ) Change (X) Addition

GOLAN, DONNA SEC/TRE

KEY WEST, FL 33040

1500 ATLANTIC BLVD. #409

SIGNATURE: KEITH GOLAN MR 04/29/2006

() Delete