

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 041 \*\*\*150.00

<b>DOCUMENT # P98000011197</b>					
<b>1. Entity Name</b> GOLDEN ADVENTURES, INC.					
<b>Principal Place of Business</b> WATERFORD III 13070 AMBERLY CT BONITA SPRINGS, FL 34135			<b>Mailing Address</b> % SANDY WRIGHT PO BOX 90 WILKESBORO, NC 28697 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> o/c CHARLES DRUM			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 90			
<b>City &amp; State</b>		<b>City &amp; State</b> WILKESBORO NC		<b>4. FEI Number</b> 59-3491414	
<b>Zip</b>		<b>Country</b> 38697 USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COLEMAN, KEVIN 4001 N. TAMiami TrL STE 300 NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> PLEMMONS, LINDA G 4300 BRYNWOOD DRIVE NAPLES, FL 34119 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;">                     2338 Immokalee Road, P.O. Box 486                      Naples, FL 34119                 </div> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> DRUM, CHARLES 1517 BEECH CIRCLE WILKESBORO, NC 28697 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> WRIGHT, SANDY 146 STONEY BROOK COURT NORTH WILKESBORO, NC 28659 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;">                     ST CHARLES DRUM                      1517 BEECH CIRCLE                      WILKESBORO, NC 28697                 </div> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Linda G. Plemmons</i> LINDA G PLEMMONS 1-8-07 239 537 5154					