


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000030819
 1. Entity Name
GOLDEN SUN CORPORATION



Principal Place of Business: **1308 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071**
 Mailing Address: **1308 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **65-0827734** Applied For Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUC, HUNG TAT
1308 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TRUC, HUNG TAT 9640 NW 49 COURT SUNRISE FL 33351 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV TRUC, TRAN HUE 9640 NW 49 COURT SUNRISE FL 33351 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11) | | |
|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000487052 04/13/06-80063-006 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 Section 19, 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: X Hung Tat Truc **HUNG TAT TRUC** 3/30/06 JTS 3460771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #