2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 31, 2006 08:00 AM DOCUMENT # P98000030819 **Secretary of State** 1. Entity Name GOLDEN SUN CORPORATION Mailing Address Principal Place of Business 1308 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071 1908 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0827734 Not Applicat Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRUC, HUNG TAT Street Address (P.O. Box Nuniber is Not Acceptable) 1308 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071 City 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. Cignatury, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signaturi: required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Adddian MILE DILE ☐ Change NAME TRUC, HUNG TAT MAME U00000487052 SZERTODA IBBRIZ 9640 NW 49 COURT STREET ADDRESS 04/13/06-80063-006 150.00 SUNRISE FL 33351 CITY-ST-ZIP CITY ST-ZIP Delete ☐ Change Addition TITLE TELLE NAME TRUC, TRAN HUE MARIE STREET ADDRESS 9640 NW 49 COURT STREET ADDRESS CHY-ST-21P SUNRISE FL 33351 CITY-ST-ZIP HILE Delete TOLE Chance NAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete WILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILL Delete ☐ Change malibba [NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZR CITY - ST- ZIP 337) 5 ☐ Derete MILE ☐ Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I turther 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 path, 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.

SIGNING OFFICER OR DIRECTOR

FILED

HUNG TAT TRUC 3/20/06 (554) 3440771