2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P98000031719 1. Entity Name 04-18-2008 90026 034 ***163.75 GOLDEN GATE DOOR SYSTEM, INC. Principal Place of Business Mailing Address 160 VENETIAN WAY SUITE 102 MERRITT ISLAND FL 32953 160 VENETIAN WAY SUITE 102 MERRITT ISLAND FL 32953 2. Principal Place of Business - No P.C. Box # 3. Mailing Address BO VENETIAN WAY SAME Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 59-3512626 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME QUADER, ANAN J Street Address (P.O. Box Number is Not Acceptable) 150 VENETIAN WAY **SUITE 103** MERRITT ISLAND FL 32953 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. Anan Registered Agout aignoture required when reinstating? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition Hasan Pader NAME HASAN, QADER NAME 160 Venetian Way #102 STREET ADDRESS 150 VENETIAN WAY STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-7IP CITY-ST-ZIP Merritt Island FL 32953 Officer-OWNER Hayyadah Quader TITLE Defete TITLE Addition HAME NEW QADER MAHMOUD NAME 150 VENETIAN WAY 32953 STREET ADDRESS STREFT ADDRESS 160 Venetian Way #102 Munit Ida MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TITLE **⊠** Derete TITLE Director-OUNCE ☐ Addition QUADER, ANAN NAME NAME Anan Quader STREET ADDRESS 150 VENETIAN WAY STREET ADDRESS 160 venetian way # 102 messitt John FL 32953 CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP ☐ Delete TRILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-20 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ING OFFICER OR DIRECTOR

04.02.08 321.6936630