2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P98000031719

Entity Name: GOLDEN GATE DOOR SYSTEM, INC.

Current Principal Place of Business:

160 VENETIAN WAY
SUITE 102
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

160 VENETIAN WAY
SUITE 102
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3512626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUADER, ANAN J
150 VENETIAN WAY
SUITE 103
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

QUADER, ANAN J
160 VENETIAN WAY
SUITE 102
MERRITT ISLAND, FL 32953 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: 02/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: HASAN, QADER
Address: 160 VENETIAN WAY 102
City-St-Zip: MERRITT ISLAND, FL 32953

Title: OO ( ) Delete
Name: QUADER, HAYYADAH
Address: 160 VENETIAN WAY 102
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DO ( ) Delete
Name: QUADER, ANAN
Address: 160 VENETIAN WAY 102
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OO (X) Change ( ) Addition
Name: QUADER, MAYYADAH
Address: 160 VENETIAN WAY 102
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ANAN J. QUADER DIRE 02/25/2009
Electronic Signature of Signing Officer or Director — Date