## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065750

Entity Name: GOLDEN ESTATE MORTGAGES, INC.

FILED Jun 06, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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16208 BELLE MEADE BLVD. 401 N PARSONS AVE ODESSA, FL 33556 106A

BRANDON, FL 33556

Current Mailing Address: New Mailing Address:

P.O. BOX 270057 TAMPA, FL 336180057

FEI Number: 59-3588276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LASSITER, NICOLE

16208 BELLE MEAD BLVD.

ODESSA, FL 33556 US

LASSITER, ELTON

16208 BELLE MEAD BLVD.

ODESSA, FL 33556 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: ELTON LASSITER 06/06/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LASSITER, NICOLE
 Name:

 Address:
 16208 BELLE MEAD BLVD.
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE LASSITER PRES 06/06/2006