2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000107750

1. Entity Name

GOLDING UNITED FISHHAWK INC.



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

27001 US HIGHWAY 19 **SUITE 2095**

CLEARWATER, FL 33761

Mailing Address

27001 US HIGHWAY 19 **SUITE 2095**

CLEARWATER, FL 33761



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

4. FEI Number 74-2944377

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, LOREN 27001 US HIGHWAY 19 NORTH **SUITE 2095** CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	e named entity submits this statement for the pations of registered agent.	surpose of changing its registere	ed office or	registered agent, or bo	th, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	d Agent signatu	re required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	J .	$\epsilon_{0,i}$ $\epsilon_{i,j}$	######################################	158 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, LOREN 27001 US HIGHWAY 19 NORTH SUIT CLEARWATER, FL 33761	ΓE 2095		Harry Block	5 04/52/03-80042-01:	July Control
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TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

> en Motallack SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

796-107

Daytime Phone #