

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65926

FILED
May 23, 2005
Secretary of State

Entity Name: GOLDEN TRIANGLE IMPORTS, INC.

Current Principal Place of Business:

6593 POWERS AVE
STE 24
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6593 POWERS AVE
STE 24
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3074168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALEVAN, MIKE
12477 HIGHVIEW DRIVE
JAX, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MALEVAN, MIKE
Address: 12477 HIGHVIEW DRIVE
City-St-Zip: JAX, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES () Change (X) Addition
Name: MALEVAN, LAURA G
Address: 12477 HIGHVIEW DR
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A. MALEVAN

CEO

05/23/2005

Electronic Signature of Signing Officer or Director

Date