


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # V31318 1. Entity Name GOLDEN G, INC.	
--	---

Principal Place of Business 1533 NW AVE L BELLE GLADE, FL 33430 US	Mailing Address 1533 NW AVE L BELLE GLADE, FL 33430 US
--	--

DO NOT WRITE IN THIS SPACE



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0336733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, THOMAS
1 SE ML KING BLVD
BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWARDS, NATHANIEL 732 SW MCCURDY DR BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDWARDS, ARMETER 732 SW MCCURDY DR BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000769252
07/17/07-80005-004 550.00

DO NOT WRITE IN THIS SPACE

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: Nathaniel Edwards PPS 7/13/2007 (561) 992-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #