2008 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # 519503 1. Entity Name GOOD THINGS, INC. 05-17-2000 90932 027 ***150.00 Principal Place of Business Mailing Address 11034 BISCAYNE BLVD. 11034 BISCAYNE BLVD. MIAMI FL 33161-7462 MIAMI FL 33161 955047 - 1848 | 1948 | 1948 | 1948 | 1948 | 1948 | 1949 | 1949 | 1949 | 1949 | 1949 | 1949 | 1949 | 1949 | 1949 | 194 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1706665 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7.- Name and Address of New Registered Agent ≈6.~Name and Address of Current Registered Agent SIMON, JUDY D Street Address (P.O. Box Number is Not Acceptable) 1820 S TREASURE DR #306 NO. BAY VILLAGE FL 33141 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TP0 ☐ Addition ☐ Delete TITLE TITLE SIMON, JUDY NAME STREET ADDRESS 1820 S TREASURE DR 306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 in the chapter 607 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP