2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N98000004244

Entity Name: THE GOOD COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

1908 E. MULBERRY DRIVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7901 N KLONDYKE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3547077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEEBLE, ART
1000 N ASHLEY
STE 105
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ROSS, ED
7901 N KLODYKE ST
TAMPA, FL 33604 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: ED ROSS 05/01/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROSS, ED
Address: 7901 N KLODYKE ST
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete
Name: PARKER, MICHAEL
Address: 11907 J D SOUTH CT
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: BAKER, AMANDA
Address: 10439 ISLEWORTH AVE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: WALKER, RYAN
Address: 18809 15TH ST
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: STORMES, STACY
Address: 1921 N MULBERRY
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED ROSS D 05/01/2006
Electronic Signature of Signing Officer or Director — Date