

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00121

FILED
Jan 18, 2009
Secretary of State

Entity Name: THE GOODY GOODY, INC.

Current Principal Place of Business:

C/O MICHAEL E. WHEELER
604 DRUM CT
TAMPA, FL 336131204

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL E. WHEELER
604 DRUM CT
TAMPA, FL 336131204

New Mailing Address:

FEI Number: 59-2022094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, MICHAEL E.
604 DRUM CT
TAMPA, FL 336131204 US

Name and Address of New Registered Agent:

WHEELER, MICHAEL E PRES
604 DRUM CT
TAMPA, FL 336131204 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: MICHAEL E WHEELER 01/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WHEELER, MICHAEL E.,
Address: 604 DRUM CT
City-St-Zip: TAMPA, FL 336131204

Title: DVS () Delete
Name: WHEELER, SUSAN F.,
Address: 604 DRUM CT
City-St-Zip: TAMPA, FL 336131204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WHEELER, MICHAEL E DPT
Address: 604 DRUM CT
City-St-Zip: TAMPA, FL 336131204

Title: DVS (X) Change () Addition
Name: WHEELER, SUSAN F DVS
Address: 604 DRUM CT
City-St-Zip: TAMPA, FL 336131204

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E WHEELER DPT 01/18/2009

Electronic Signature of Signing Officer or Director Date