2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# F01000004531

Entity Name: BACK TO GODHEAD, INC.

Current Principal Place of Business:

18024 N.W. 112TH BLVD.
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 430
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 23-2428595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMTOIS, NORMAN
15411 NW 89TH ST.
ALACHUA, FL 32615 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COMTOIS, NORMAN
Address: 15411 NW 89TH ST.
City-St-Zip: ALACHUA, FL 32615 US

Title: P ( ) Delete
Name: WINTERMUTE, ROBERT
Address: 18024 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 32615 US

Title: S,D ( ) Delete
Name: SOLOMON, KENNETH
Address: 5614 WEST SR 235
City-St-Zip: LA CROSSE, FL 32658 US

Title: D ( ) Delete
Name: COMTOIS, LORI
Address: 15411 NW 89TH ST.
City-St-Zip: ALACHUA, FL 32615 US

Title: D ( ) Delete
Name: CHAPAPRIETA, THOMAS
Address: 19121 NW CR 239
City-St-Zip: ALACHUA, FL 32615 US

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: PIERRE LEMIEUX NONE 01/07/2006

Electronic Signature of Signing Officer or Director — Date