

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003080

FILED
Apr 23, 2009
Secretary of State

Entity Name: GOODNIGHT INTERNATIONAL, INC.

Current Principal Place of Business:

3108 CENTRAL DRIVE
#104
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

3108 CENTRAL DRIVE
#104
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 35-2164206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, FRANKLIN C
3108 CENTRAL DRIVE
PLANT CITY, FL 33567 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SCFO () Delete
Name: JOHNSON, FRANKLIN C
Address: 3108 CENTRAL DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: VD () Delete
Name: TAYLOR, TERRANCE
Address: 3108 CENTRAL DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: P () Delete
Name: MACKEY, MARY JANE
Address: 3108 CENTRAL DRIVE #2
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Delete
Name: MACKEY, GARY
Address: 3108 CENTRAL DRIVE #2
City-St-Zip: PLANT CITY, FL 33566

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:

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: FRANKLIN C. JOHNSON

SCFO

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date