2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002179

708 PINE STREET

SCRANTON, PA 18510

RANNELS, HAROLDYNNE

162 WOODRUFF AVE.

BROOKLYN, NY 11226

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Name: OLDE GOOD THINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 GILLIGAN STREET SCRANTON, PA 18509 **Current Mailing Address: New Mailing Address:** PO BOX 20109 SCRANTON, PA 18502 FEI Number: 03-0465853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, RICARDO 6224 NW 179 TERRACE MIAMI, FL 33015 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROWNE, KEVIN G MEANS, CHARLES Name: Name: 162 WOODRUFF AVENUE 903 WOOD STREET Address: Address: City-St-Zip: BROOKLYN, NY 11226 City-St-Zip: SCRANTON, PA 18508 Title: Title: () Delete (X) Change () Addition Name: SZOSTAK, PAUL Name: FAIR, JUSTIN 162 WOODRUFF AVENUE 108 COYOTE RUN Address: Address: BROOKLYN, NY 11226 MILFORD, PA 18337 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition BAILEY, ELIZABETH WEISS, SARA D Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

905 WOOD STREET

SCRANTON, PA 18508

WELCHECK, VERONICA

905 WOOD STREET

SCRANTON, PA 18508

(X) Change () Addition

SIGNATURE: VERONICA WELCHECK **SECR** 04/29/2009