


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # H48053 1. Entity Name GOOD KARMA, INC.	
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Principal Place of Business % BARBARA C. REED 903 32ND STREET EAST BRADENTON, FL 34208	Mailing Address % BARBARA C. REED 903 32ND STREET EAST BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2501687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REED, BARBARA C.
903 32ND STREET EAST
BRADENTON, FL 34208**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REED, BARBARA C 903 32ND STREET EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARSON, MARK 903 32ND ST E BRADENTON, FL
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**DO NOT WRITE
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04/27/07-80040-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara C. Reed Barbara C. Reed 4/15/07 941 746-2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #