2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005746

Entity Name: GOBBLE WOBBLE, INC.

FILED Sep 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2421 N.W. 181 TERRACE MIAMI, FL 33056

Current Mailing Address: New Mailing Address:

2421 N.W. 181 TERRACE MIAMI, FL 33056

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

D' ANGELO, SHICA CHANCE, PAUL E MR 982 W. BREVARD STREET L-2 2421 NW 181 TERRACE TALLAHASSEE, FL 32304 US MIAMI, FL 33056 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: PAUL CHANCE 09/22/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: CHANCE, PAUL Name: CHANCE, PAUL MR.

 Address:
 2421 N.W. 181 TERRACE
 Address:
 2421 N.W. 181 TERRACE

 City-St-Zip:
 MIAMI, FL 33056
 City-St-Zip:
 MIAMI, FL 33056

Title: C () Delete Title: C (X) Change () Addition Name: D' ANGELO, SHICA Name: EUGENE, VELOUNE MS

 Address:
 982 W. BREVARD STREET L-2
 Address:
 927 NE 199 STREET APT. 201

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 MIAMI, FL 33179

Title: C () Delete Title: C (X) Change () Addition Name: BROWN, ARTENOUS Name: BROWN, ARTENOUS MR

Address: 4172 POND CYPRESS CT Address: 4172 POND CYPRESS CT City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL CHANCE MR 09/22/2004