2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N05000005222

Entity Name: THE GO CENTER INC.

Current Principal Place of Business:

1957 SPANISH OAKS DR N
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1957 SPANISH OAKS DR N
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 11-3757451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, KAROLYN K
1957 SPANISH OAKS DR N
PALM HARBOR, FL 34683 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:	BOYER, KAROLYN	
Address:	1957 SPANISH OAKS DR N	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	EDWARDS, TIM	
Address:	5809 73RD AVE N - # 202	
City-St-Zip:	BROOKLYN PARK, MN 55429	
Title:	D	( ) Delete
Name:	EDWARDS, JAMIE	
Address:	5809 73RD AVE N - # 202	
City-St-Zip:	BROOKLYN PARK, MN 55429	
Title:	D	(X) Delete
Name:	OSNES, BECKY	
Address:	126 LAKESIDE CIR	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	D	(X) Delete
Name:	HACKETT, KIM	
Address:	1515 E LAKE WOODLANDS PKWY	
City-St-Zip:	OLDSMAR, FL 34677	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	EDWARDS, TIM	
Address:	1957 SPANISH OAKS DR N	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	(X) Change ( ) Addition
Name:	EDWARDS, JAMIE	
Address:	1957 SPANISH OAKS DR N	
City-St-Zip:	PALM HARBOR, FL 34683	
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: TIM EDWARDS D 04/19/2006

Electronic Signature of Signing Officer or Director — Date