

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000095

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: GOAD INTERNATIONAL, INC.

**Current Principal Place of Business:**

6448 PINECASTLE BLVD - SUITE 103  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6448 PINECASTLE BLVD - SUITE 103  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-8241289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHUFFIELD, W. CHARLES ESQ  
SHUFFIELD LOWMAN & WILSON P.A.  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801 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: PSD ( ) Delete  
Name: PANKALLA, CAROLYN G  
Address: 6448 PINECASTLE BLVD - SUITE 103  
City-St-Zip: ORLANDO, FL 32809

Title: VTD ( ) Delete  
Name: PANKALLA, SEAN P  
Address: 6448 PINECASTLE BLVD - SUITE 103  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: MCFARLAND, DON  
Address: 8750 W ATWATER DRIVE  
City-St-Zip: BOISE, ID 83714

Title: D ( ) Delete  
Name: HALL, STUART  
Address: 1140 COUNTRY CLUB DR  
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Delete  
Name: JAMES, RANDALL  
Address: 6448 PINECASTLE BLVD - SUITE 103  
City-St-Zip: ORLANDO, FL 32809

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN PANKALLA

COO

01/07/2008

Electronic Signature of Signing Officer or Director

Date