


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N46608</b> 1. Entity Name <b>GODUS, INC.</b>					
Principal Place of Business <b>3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137-3804</b>			Mailing Address <b>3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137-3804</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0302167</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FREEMON, VELDRIN DEE 3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMON, VELDRIN D		NAME	Freemon, Veldrin D	
STREET ADDRESS	2098 SW 185TH AVE		STREET ADDRESS	Same	
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Secretary/V. Chair Person <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, GARRIE		NAME	Harris, Garrie	
STREET ADDRESS	16397 SW 48TH STREET		STREET ADDRESS	Same	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director/V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Freemon, Felicia	
STREET ADDRESS			STREET ADDRESS	11054 SW 136 Court	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33188	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Garrie G. Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>Sept 6, 2005</i> <small>Daytime Phone #</small>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts SEP 13 2005



09062005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0302167 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State FL Zip Code

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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE NAME VD FREEMON, VELDRIN D 2098 SW 185TH AVE MIRAMAR, FL 33029

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME President/Treasurer Freemon, Veldrin D Same

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME Secretary/V. Chair Person Harris, Garrie Same

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME Director/V. President Freemon, Felicia 11054 SW 136 Court Miami, FL 33188

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
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09/14/05--01033--017 \*\*61.25

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