

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003837

FILED
Jan 07, 2007
Secretary of State

Entity Name: GOINGS, INC.

Current Principal Place of Business:

110 DEPOT STREET
FUQUAY-VARINA, NC 27526 US

New Principal Place of Business:

312 HUNTERS CROSSING
CARY, NC 27518 US

Current Mailing Address:

110 DEPOT STREET
FUQUAY-VARINA, NC 27526 US

New Mailing Address:

C/O CHRISTIAN ROEHM
2320 BUCKSTONE COURT
FUQUAY-VARINA, NC 27526 US

FEI Number: 59-3335537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLOCK, DAVID
5331 SW 7TH AVENUE
OCALA, FL 34474 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: THOMAS, STEVE
Address: 161 SUSAN DR.
City-St-Zip: GARNER, NC 27529 US

Title: D () Delete
Name: JAMES, ROBERT M
Address: 120 BRAXBERRY WAY
City-St-Zip: HOLLY SPRINGS, NC 27540 US

Title: D () Delete
Name: MCNEELY, GREG
Address: 107 DORCESTER COURT
City-St-Zip: CARY, NC 27511 US

Title: T () Delete
Name: POLK, DOUG
Address: 405 OAKRIDGE ROAD
City-St-Zip: CARY, NC 27511 US

Title: P () Delete
Name: WELLS, TOM
Address: 312 HUNTERS CROSSING
City-St-Zip: CARY, NC 27511

Title: D () Delete
Name: ROEHM, NORA
Address: 2320 BUCKSTONE COURT
City-St-Zip: FUQUAY VARINA, NC 27526 US

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
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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 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: TOM WELLS

P

01/07/2007

Electronic Signature of Signing Officer or Director

Date