2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N95000003837

Entity Name: GOINGS, INC.

Current Principal Place of Business:

312 HUNTERS CROSSING
CARY, NC 27518 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	VP	( ) Delete
Name:	WELLS, CALEB	
Address:	1763-B LAWRENCE RD.	
City-St-Zip:	KAILUA, HI 96734 US	
Title:	C	( ) Delete
Name:	WELLS, JOSHUA	
Address:	9606 N. ROYAL CREST CT.	
City-St-Zip:	FREDERICKSBURG, VA 22408 US	
Title:	D	( ) Delete
Name:	WELLS, JENNIFER	
Address:	312 HUNTERS CROSSING	
City-St-Zip:	CARY, NC 27511 US	
Title:	D	( ) Delete
Name:	WELLS, MICHELLE	
Address:	9606 N. ROYAL CREST CT.	
City-St-Zip:	FREDERICKSBURG, NC 22408 US	
Title:	P	( ) Delete
Name:	WELLS, TOM	
Address:	312 HUNTERS CROSSING	
City-St-Zip:	CARY, NC 27511	
Title:	D	( ) Delete
Name:	DAVID, BULLOCK	
Address:	5331 SW 7TH AVENUE	
City-St-Zip:	OCALA, FL 34474 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
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: TOM WELLS P 02/01/2009

Electronic Signature of Signing Officer or Director — Date