

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006366

FILED
Jul 07, 2005
Secretary of State

Entity Name: GOSPLOSION, INC.

Current Principal Place of Business:

2170 RUTLAND STREET
#7
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680143
#7
MIAMI, FL 33168

New Mailing Address:

FEI Number: 31-1676112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROODIN, LYDIA
2170 RUTLAND STREET
#7
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

GOODIN, LYDIA
2170 RUTLAND STREET
#7
OPA LOCKA, FL 33054 US

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: LYDIA GOODIN

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODIN, LYDIA
Address: 2170 RUTLAND STREET
City-St-Zip: MIAMI SHORES, FL 33813

Title: VPD () Delete
Name: HARVEY, DEWAYNE
Address: 9972 CHERRYHILL AVE. CIR.
City-St-Zip: LAKELAND, FL 33813

Title: VPD () Delete
Name: REED, RONALD R
Address: 6155 S. FLA. AVE., #7
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: CROCKETT, RUTH E
Address: 9145 NE 4TH AVE
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: WILLIAMS, EDDIE B
Address: 2350 NW 54TH ST. #604
City-St-Zip: MIAMI, FL 33142

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYDIA GOODIN

PD

07/07/2005

Electronic Signature of Signing Officer or Director

Date