2007 FOR PROFIT CORPORATION

FILED Apr 27, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P00000081441 GOVANGO, INC. Mailing Address Principal Place of Business 130 ALPINE RD 130 ALPINE RD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-1043303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN GERBIG, BARRY Street Address (P.O. Box Number is Not Acceptable) 130 ALPINE RD. W. PALM BEACH, FL 33405 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. 'Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD Delete TITLE TITLE ☐ Change ■ Addition VAN GERBIG, LILLIAN NAME STREET ADDRESS 130 ALPINE RD. STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33405 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME VAN GERBIG, BARRY NAME U00000737353 STREET ADDRESS 130 ALPINE RD. STREET ADDRESS 05/11/07-88024-017 150.00 CITY-ST-ZIP W. PALM BEACH, FL 33405 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP + TITLE ☐ Delete ☐ Change TITLE · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

Daytime Phone #