2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044483

Entity Name: GO FENCE, INC.

Address:

City-St-Zip:

486 KATHERINE STREET

SUMMERLAND KEY, FL 33042

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 486 KATHERINE STREET SUMMERLAND KEY, FL 33042 **Current Mailing Address: New Mailing Address:** 486 KATHERINE STREET 3201 PEARL AVENUE KEY WEST, FL 33040 SUMMERLAND KEY, FL 33041 FEI Number: 65-1104956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BINARD, SALLY 486 KATHERINE STREET SUMMERLAND KEY, FL 33042 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BLACK, DAVID J Name: Name: 486 KATHERINE STREET Address: Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: Title: Title: () Change () Addition () Delete Name: GALVAN, DANIEL Name: 16 SHORE TERRACE Address: Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip: () Delete Title: Title: VΡ (X) Change () Addition RODRIGUEZ, PABLO RODRIGUEZ, PABLO Name: Name: 2301 LINDA AVENUE 1217 20TH STREET Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: VΡ () Delete Title: () Change () Addition PERNAS, ALVARO Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SALLY BINARD RA 01/11/2006