2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P01000109329 04-16-2007 90035 003 ***150.00 GOSHEN RENTALS, INC. Principal Place of Business Mailing Address 4211 MAYFAIR LANE 4211 MAYFAIR LANE PORT ORANGE FL 32129 PORT ORANGE FL 32129 3. Mailing Address 1566 Roosevel + Blud Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # 1566 Roosevelt Blud Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3757634 Daytona Beach Daytona Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Victoria Gambino DEL RIO, VICTORIA 4211 MAYFAIR LANE PORT ORANGE FL 32129 1566 Roosevelt Blud. Daytona Beach 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. Victoria Gambino (NOTE Registered Agent signature required v FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HITTE Delete TITLE Change Addition VICTORIA GAMBINO . DEL RIO, VICTORIA NAME NAME 1566 Roosevelt Blud 4211 MAYFAIR LANE STREET ADDRESS STREET ADDRESS Daylona Beach, FL 32124 PORT ORANGE FL 32129 CITY ST-ZIP CITY - ST - ZIP THE ☐ Delete TATLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST ZIP TITLE ☐ Delete THU ☐ Change Addition MALL NAMi STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY ST ZIE 10118 Defete TITLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 11111 Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP шп Delete THIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

SIGNATURE: 4

VICTORIA GAMBINO 4.5.07

SIGNING OFFICER ON DIRECTOR

FILED