2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

ANUAL REPORT	Constant of Class
DOCUMENT # P01000121460 1. Entity Name GOAL ENTERPRISES, INC.	Secretary of State
Principal Place of Business Mailing Address 7341 CAPTIVA CIRCLE 7341 CAPTIVA CIRCLE NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655	
DO NOT WRITE IN THIS SPACE	01102006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GODFREY, JANET E 7341 CAPTIVA CIRCLE NEW PORT RICHEY, FL 34655	DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered office or registers the obligations of registered agent. SIGNATURE Signature, typed or private name of registered agent and title if applicable (NOTE Registered Agent signature regulared)	
ELLE NOWN SEE IS \$450.00 9. Election Campaign Financing \$5.	00 May Be ad to Fees
10. OFFICERS AND DIRECTORS INLE NAME GODFREY, JANET E STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TIBLE NAME STREET ADDRESS CITY-ST-ZIP	#000000388123 01/19/06-80062-008 150.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	
SIRECT ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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. SIGNATURE: SIGNATURE SIGNATURE AND TITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylane Phone	