2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000122859

FILED Aug 25, 2006 8:00 am Secretary of State

07-19-2006 90008 016 ***150.00

| GODWARD INVESTMENTS, INC. | | | | | | |
|--|---|---|---|--|-------------|---|
| 180 CRANDON BLVD 1 101 1 | | Maiting Address 180 CRANDON BLVD 101 KEY BISCAYNE, FL 33149 | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 06142006 4. FEI Numb 42-156 | No Chg-P CR | 2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| #101 | 6. Name and Address of Current Reg D, MARK IDON BLVD. AYNE, FL 33149 | - - | - | -NOT-WRITHIS-SPAC | _ | |
| 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 INOTE, Registered Agent agents required or protection and the # applicable. INOTE, Registered Agent agents required when sentiating) DATE | | | | | | |
| FILE NOWITI FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution. | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. THE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR P 0; GODWARD, MARK 525 RIDGEWOOD ROAD KEY BISCAYNE, FL 33149 | ECTORS | | | | |
| THE NAME STREET ADDRESS CITY-SI-TIP THEE NAME | UAME STREET ADDRESS 21Y-S1-DP SITUE | | | DO NOT WRITE IN THIS SPACE | | |
| STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | | |

12. I hereby 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 occurate 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: _

v-mark Godward

TURE AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR

