## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000004050

Entity Name: GOOD AS NEW, INC

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
321 BANAN OZONA, FL		JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 6 OZONA, FL		JS			
FEI Number:	04-3734359	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KASZUBA, KIM L ESQ. 1881 W. KENNEDY BOULEVARD TAMPA, FL 33606 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:					
	Electro	onic Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	SEC ( KASZUBA, KI P.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR ( KASZUBA, KI P.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA ( KASZUBA, KI P.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES (CORDELL, JAP.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (CORDELL, JAP.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( KASZUBA, KI P.O. BOX 668 OZONA, FL 3	36	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KIM L. KASZUBA VP/S 05/02/2008