2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED ANNUAL REPORT								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
DOCUMENT # P03000031763								nı nı	SECRETARY VISION OF C	ORPORA	สำเดินร		
Entity Name GOOD TIMES INVESTMENT CORP								U'	V100000	ow I.	: 36		
					İ		THE STATE OF	()5 DEC -8	rn 4	. 30		
Principal Place	e of Busines	8		Mailing Address				-					
11909 OLD GLORY DRIVE 11909 OLD GLORY DRIVE ORLANDO, FL 32837 ORLANDO, FL 32837													
ONLINED, IL J2037										EII BB188 I IIBI I	 	III SELET EL LEGI	
Principal Place of Business Amailing Address													
13621 Ancilla Blvd 13621 Ancilla Suite, Apt. #, etc. Suite, Apt. #, etc.							(
								11282005	Chg-P	CR2E	034 (10/03)		
Windermere FL				City & State Windermere	FL	4. FEI Number 03-0511029					pplied For ot Applicable		
^{Zip} 34	786	Country US	A	zip 34786	Count	try US	A	5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent Name									Address of New I	Registered	Agent		
TAM, AMY									M				
ORLANDO, FL 32837							Street Address (P.O. Box Number is Not Acceptable)						
							13621 Ancilla Blvd						
								lermene		Fl		34186	
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 / 12/5/05													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Amended AR is \$61.25 9. Election Campaign Financing \$5. Trust Fund Contribution.												ļ	
10.		OF	FICERS AND I	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OF	FICERS AN	D DIRECTOF	RS IN 11	
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CITY-ST-ZIP						-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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													
or the cor changed,	, or on an att	ne receiver of achment with	an address, v	wered to execute this report a with all other like empowered.	s requi	rea by Cha	pter 60	7, Florida Statute:	s; and that my har	ne appears	in Block 10 d	or Block 11 if	
SIGNAT	URE: _	10	m	1 /any				10/5	105	40	7257	8363	
		SIGNATURI	AND TYPED OR	RINTED NAME OF SIGNING OFFICER O	R DIRECT	TOR			Date		Daytime Phone #		