


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -8 PM 4:36

DOCUMENT # P03000031763 1. Entity Name GOOD TIMES INVESTMENT CORP					
Principal Place of Business 11909 OLD GLORY DRIVE ORLANDO, FL 32837			Mailing Address 11909 OLD GLORY DRIVE ORLANDO, FL 32837		
2. Principal Place of Business 13621 Ancilla Blvd Suite, Apt. #, etc.		3. Mailing Address 13621 Ancilla Blvd Suite, Apt. #, etc.			
City & State Windermere FL Zip 34786 Country USA		City & State Windermere FL Zip 34786 Country USA		4. FEI Number 03-0511029	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAM, AMY 11909 OLD GLORY DRIVE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name Amy Tam Street Address (P.O. Box Number is Not Acceptable) 13621 Ancilla Blvd City Windermere FL Zip Code 34786		
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 <u><i>Amy Tam</i></u> DATE 12/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAM, AMY 11909 OLD GLORY DRIVE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amy Tam 13621 Ancilla Blvd Windermere FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y George Tam 13621 Ancilla Blvd Windermere FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Amy Tam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/5/05 Daytime Phone # 407 257 8363		

17.18