2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P03000037812** 1. Entity Name GOA & ASSOCIATES, INC. Principal Place of Business Mailing Address 1473 S.W. TROON CIRCLE 1473 S.W. TROON CIRCLE PALM CITY, FL 34990 PALM CITY, FL 34990 04302008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0988084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASH, GARRETT O DO NOT WRITE 1473 S.W. TROON CIRCLE PALM CITY, FL 34990 IN THIS SPACE 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** of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS FITLE ASH, GARRETT O NAME STREET ADDRESS 1473 S.W. TROON CIRCLE CITY-ST-ZIP PALM CITY, FL 34990 TITLE ASH, JILL G NAME U00000945262 05/30/08-80001-011 150.00 1473 S.W. TROON CIRCLE STREET ADDRESS CITY - ST- 7IP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET 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; Succession	JULICH	8025/82/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dale

TITLE NAME STREET ADDRESS CITY-ST-ZIP