2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

| DOCUMENT # P03000048716 1. Entity Name GOPBS, INCORPORATED | | | | | 05-05-2008 90256 032 ***150.00 | | | | |
|--|---|---|---|--|---|---------------------|------------------------------------|--|----------------------------|
| Principal Plac | | | | - | | | | | |
| 16 ROYAL PALM WAY APT 102 BOCA RATON, FL 33432 BOCA RATON, FL 33432 BOCA RATON, FL 33432 | | | | · | | | | | |
| | | | | | | | | | |
| 141 NW 20TH ST. 141 NW 2014 SI | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 04302008 | Chg-P | CR2E03 | 4 (12/06) | |
| City & Stat | RATON FL | City & State | FL | | 4. FEI Number 41-2094 | | | —————————————————————————————————————— | plied For t Applicable |
| 33431 | Country | 33431 | Country (£5A | | | f Status Desired | | 8.75 Add | itional |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| ANSTIS, JEFFREY P 16 ROYAL PALM WAY APT 102 BOCA RATON, FL 33432 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 141 NW 20 TH ST. STE. B-5 | | | | | |
| | | | City | BOLA | RATON | | FL | Zip Code | 43/ |
| The above the obligat | named entity submits this state tions of registered agents | ment for the purpose of changing its | registered office of | or register | ed agent, or both | , in the State of I | Florida. I am fa | miliar with | and accept |
| SIGNATURE_ | ffee | / Cat | - | | | | | | |
| ` . | Signature, typed or purpos ryline of register | red agent and title if applicable. (NOT | E: Registered Agent signs | beriuper erute | when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150.0 ay 1, 2008 Fee will be \$ | | | \$5. Adde | 00 May Be ed to Fees | | | | |
| 10. TITLE | OFFICER P | S AND DIRECTORS | 11. | D | ADDITIONS/C | HANGES TO OF | | | |
| NAME | ANSTIS, JEFFREY P | ☐ Delete | NAME | ANS | | KEY P | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 16 ROYAL PALM WAY AP BOCA RATON, FL 33432 | T 102 | STREET ADDRESS CITY-ST-ZIP | 141 | _ | 54. 5TA | ・ ララ /3 / | 7 | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | ļ | | F.**. | | | |
| TIT <u>LE</u> NAME | | ☐ Delete | TITLE NAME | | | | | Change | ☐ Addition |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| 12. Thereby o | certify that the information suppli | ed with this filing does not qualify fo | CITY-ST-ZIP | notzined | in Chanter 110 | Florida Statutas | I further appli | u that the i- | formalica |
| of the cor | on this report or supplemental reporation or the receiver or truste | eport is true and accurate and that re e empowered to execute this report dress with all other like empowered | ny signature shall i as required by Ch | have the s | ame legal effect , Florida Statutes; | as if made unde | r oath; that I an ne appears in | n an officer Block 10 or | or director Block 11 if |