## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000093740

BABINGTON, SHELLY

LONGWOOD, FL 32750

254 S. RONALD REAGAN BLVD.

Name:

Address:

City-St-Zip:

Entity Name: GOALS UNLIMITED, INCORPORATED

FILED Jun 08, 2005 Secretary of State

Littly Nan	ile. GOALS C	NEIWITED, INCORPORATED					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
254 S. RON SUITE 134	NALD REAGA	N BLVD.					
	DD, FL 32750	US					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 134	NALD REAGA						
FEI Number:	DD, FL 32750 <b>77-0638912</b>	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
MANUEL, COREY 254 S. RONALD REAGAN BLVD. SUITE 134 LONGWOOD, FL 32750 US			254 S. ROI SUITE 134	BABINGTON, SHELLY L 254 S. RONALD REAGAN BLVD. SUITE 134 LONGWOOD, FL 32750 US			
The above in the State		submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE: SHELLY I	BABINGTON		06/08/2005			
	Electron	ic Signature of Registered Age	ent		Date		
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	BABINGTON, S	REAGAN BLVD. #134	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MANUEL, COR	REAGAN BLVD. #134	Title: Name: Address: City-St-Zip:	BABINGTON,	.D REAGAN BLVD. #134		
Title: Name: Address: City-St-Zip:	MANUEL, COR	REAGAN BLVD. #134	Title: Name: Address: City-St-Zip:	BABINGTON,	.D REAGAN BLVD. #134		
Title:	T ()	Delete	Title:	(	) Change ( ) Addition		

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

Name:

Address:

City-St-Zip:

SIGNATURE: SHELLY L. BABINGTON P 06/08/2005