


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014765 1. Entity Name DONALD ROBIN GOODWIN, INC.	
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Principal Place of Business #8 NORTH LOCHHAVEN DR. INVERNESS, FL 34450	Mailing Address #8 NORTH LOCHHAVEN DR. INVERNESS, FL 34450
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DO NOT WRITE IN THIS SPACE



08282006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2041065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODWIN, TANYA
#8 N. LOCHHAVEN DR.
INVERNESS, FL 34450**

**DO NOT WRITE
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 *Tanya Goodwin* (NOTE: Registered Agent signature required when reinstating) DATE 8/20/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODWIN, DONALD #8 N. LOCHHAVEN DR. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODWIN, TANYA #8 N. LOCHHAVEN DR. INVERNESS, FL 34450
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08/31/06-80005-003 150.00

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IN THIS SPACE**

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: *Donald Robin Goodwin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/20/06 Daytime Phone # 352-228-1036