



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000034189 1. Entity Name GANOBIA ENTERPRISES, INC						06 NOV 30 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 7872 SPRINGFIELD LAKE DR LAKE WORTH, FL 33467 US				Mailing Address 7872 SPRINGFIELD LAKE DR LAKE WORTH, FL 33467 US			
2. Principal Place of Business		3. Mailing Address		09012006 Chg-P CR2E034 (11/05)		4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		Zip		Country	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OKOSODO, MATTHEW A 7872 SPRINGFIELD LAKE DR LAKE WORTH, FL 33467				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P OKOSODO, MATTHEW A 7872 SPRINGFIELD LAKE DR LAKE WORTH, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S = T/S OKOSODO, MATTHEW A 7872 SPRINGFIELD LAKE DR LAKE WORTH, FL 33467		
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		
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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: Matthew A Okosodo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/27/06 <small>Date</small>		561-523-4418 <small>Daytime Phone #</small>	