

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080106

Entity Name: GOMAIDS INC

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

11847 SKYLAKE PL.
TAMPA, FL 33617

New Principal Place of Business:

7926 TERRACE RIDGE DR.
TAMPA, FL 33637

Current Mailing Address:

11847 SKYLAKE PL.
TAMPA, FL 33617

New Mailing Address:

PO BOX 16661
TEMPLE TERRACE, FL 33687

FEI Number: 20-1161849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BADMUS, OLUKAYODE
11847 SKYLAKE PL.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

BADMUS, OLUKAYODE
7926 TERRACE RIDGE DR
TAMPA, FL 33637 US

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.

SIGNATURE: OLUKAYODE BADMUS

05/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BADMUS, OLUKAYODE
Address: 11847 SKYLAKE PL.
City-St-Zip: TAMPA, FL 33617

Title: VP/T () Delete
Name: BADMUS, OLUKAYODE
Address: 11847 SKYLAKE PL.
City-St-Zip: TAMPA, FL 33617

Title: S () Delete
Name: BADMUS, OLUKAYODE
Address: 11847 SKYLAKE PL.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BADMUS, OLUKAYODE
Address: PO BOX 16661
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: VP/T (X) Change () Addition
Name: BADMUS, OLUKAYODE
Address: PO BOX 16661
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: S (X) Change () Addition
Name: BADMUS, OLUKAYODE
Address: PO BOX 16661
City-St-Zip: TEMPLE TERRACE, FL 33687

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

SIGNATURE: OLUKAYODE BADMUS

PRES

05/30/2006

Electronic Signature of Signing Officer or Director

Date