

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144925

FILED
Jan 04, 2006
Secretary of State

Entity Name: GOOD NEWS CONTRACTING INC.

Current Principal Place of Business:

1469 MANATEE STREET
INTERCESSION CITY, FL 33848

New Principal Place of Business:

1469 MANATEE STREET
POB 6
INTERCESSION CITY, FL 33848 06

Current Mailing Address:

PO BOX 6
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 20-1946423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITING, DANIEL
1469 MANATEE STREET
INTERCESSION CITY, FL 33848 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITING, DANIEL
Address: 1469 MANATEE STREET
City-St-Zip: INTERCESSION CITY, FL 33848

Title: TREA () Delete
Name: ARONE, ADRIANA
Address: 2019 HIDDEN DALE CT.
City-St-Zip: KISSIMMEE, FL 34741

Title: V.P. () Delete
Name: WHITING, JEMIAH
Address: 1477 MANATEE STREET
City-St-Zip: INTERCESSION CITY, FL 33848

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITING, DANIEL
Address: 1469 MANATEE STREET
City-St-Zip: INTERCESSION CITY, FL 33848 06

Title: TREA (X) Change () Addition
Name: ARONE, ADRIANA
Address: 1469 MANATEE ST
City-St-Zip: INTERCESSION CITY, FL 33848 06

Title: V.P. (X) Change () Addition
Name: WHITING, JEMIAH
Address: 1477 MANATEE STREET
City-St-Zip: INTERCESSION CITY, FL 33848 06

Title: MGR () Change (X) Addition
Name: WILLIAMS, ADAM
Address: 3361 O'BERRY ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: SCRT () Change (X) Addition
Name: BRUMMITT, JASSEN
Address: 1428 PENNIWA ST
City-St-Zip: INTERCESSION CITY, FL 33848

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: ADRIANA ARONE

TREA

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date