2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031361

BRUNAIS, CHRISTOPHER

ROCKLEDGE, FL 32955

5020 NOVA ROAD

Name:

Address: City-St-Zip:

Entity Name: GOOD IV - TLC, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5020 NOVA ROAD ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 5020 NOVA ROAD ROCKLEDGE, FL 32955 FEI Number: 20-2388791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOODSON, TOM 5020 NOVA ROAD ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GOODSON, TOM Name: Name: 5020 NOVA ROAD Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete GOODSON, TRAVIS Name: Name: 5020 NOVA ROAD Address: Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: TOM GOODSON PRES 04/21/2009