

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036497

Entity Name: GO BUSINESS NETWORK, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

656 MAGNOLIA DR  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

656 MAGNOLIA DR  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

5703 RED BUG LAKE RD  
#138  
WINTER SPRINGS, FL 32708

## New Mailing Address:

5703 RED BUG LAKE RD  
#138  
WINTER SPRINGS, FL 32708

FEI Number: 65-1279029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOLIDGE, TONY  
656 MAGNOLIA DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

COOLIDGE, TONY  
5703 RED BUG LAKE RD  
#138  
WINTER SPRINGS, FL 32708 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: /TONY COOLIDGE/

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: COOLIDGE, TONY  
Address: 656 MAGNOLIA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPS ( ) Delete  
Name: ODOR, HOWARD B  
Address: 33549 LINDA DRIVE  
City-St-Zip: LEESBURG, FL 34788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: COOLIDGE, TONY  
Address: 5703 RED BUG LAKE RD #138  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: /TONY COOLIDGE/

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date