


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 035 ***150.00

DOCUMENT # P05000115954 1. Entity Name GODLY INC.			
Principal Place of Business 2525 NW 155 TER.. HOME MIAMI, FL 33054 US		Mailing Address 2525 NW 155 TER.. HOME MIAMI, FL 33054 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1425 NW 1 PL Suite, Apt. #, etc.	
City & State City: Miami State: FL		4. FEI Number 841689115	
Zip 33136-1907		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05302006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent ALLEN, GARY A 2525 NW 155 TER. HOME MIAMI FL., FL 33054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P, ALLEN, GARY A 2525 NW 155TER. MIAMI, FL 33054	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP, ALLEN, GARY A 2525 NW 155 TER MIAMI, FL 33054	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC, ALLEN, GARY A 2525 NW 155TER MIAMI, FL 33054	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TRES ALLEN, GARY A 2525 NW 155 TER MIAMI, FL 33054	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	_____	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	_____	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>GARY A. ALLEN</u> GARY A. ALLEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

30044666

