## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000124337

Name: Address:

City-St-Zip:

7664 VANDALAY DRIVE

JACKSONVILLE, FL 32244

**Entity Name:** GODSONS IMPORT/EXPORT INC.

**FILED** Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7664 VANDALAY DRIVE JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** PO BOX 442384 JACKSONVILLE, FL 32222 FEI Number: 59-3830451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GODSON, OBIAGWU OBIAGWU, GODSON C PD 7664 VANDALAY DRIVE 7664 VANDALAY DRIVE JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32244 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: GODSON OBIAGWU 04/15/2009 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 OBIAGWU, GODSON C Name: Name: 7664 VANDALAY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: OBIAGWU, JOSEPH T Name: 7664 VANDALAY DRIVE Address: Address: JACKSONVILLE, FL 32244 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition OBIAGWU, GODSLOVE I Name: Name: 7664 VANDALAY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: (X) Delete Title: () Change () Addition OBIAGWU, PRÉCIOUS J

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: GODSON OBIAGWU PD 04/15/2009