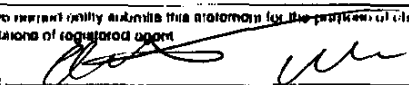
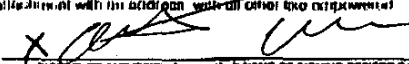


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 041 ***150.00

DOCUMENT # P05000159283					
1. Entity Name: GOOD WORLD TELECOM, INC.					
Principal Place of Business 5132 W COLONIAL DR ORLANDO, FL 32808			Mailing Address 5132 W COLONIAL DR ORLANDO, FL 32808		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. HEI Number 20-3888553			Appoint For Not Applicable		
5. Certificate of Status Issued ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WU, QINDI 5132 W COLONIAL DR ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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:  DATE: 4/29/06					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Total Fund Contribution ☐		\$5.00 May be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D 60, KIT 8 2333 S 4TH STREET PHILADELPHIA, PA 19148	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WU, QINDI 1433 S KIRKMAN RD APT 3054 ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 person or persons empowered to execute this report as required by Chapter 807, Florida Statutes and that my name appears in Block 10 or Block 11 if changed or be in agreement with the addition without Officer the corporation.					
SIGNATURE: 			DATE: 4/29/06 (407)666-0938		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		