

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2007
Secretary of State**

DOCUMENT# P06000154204

Entity Name: GOODBUY AUTOS, INC.

Current Principal Place of Business:

3870 68TH AVENUE NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

2001 83RD AVENUE NORTH
LOT 1140
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 74-3196924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROVACH, WILLIAM F
2001 83RD AVENUE NORTH
LOT 1140
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SIMMONDS, ROBERT D
Address: 7631 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP () Delete
Name: SPROVACH, WILLIAM F
Address: 2001 83RD AVENUE NORTH, LOT 1140
City-St-Zip: ST. PETERSBURG, FL 33702 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT D SIMMONDS

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03/31/2007

Electronic Signature of Signing Officer or Director

_____ Date