
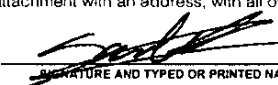


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90030 044 \*\*\*158.75

<b>DOCUMENT # P07000015498</b> 1. Entity Name <b>D GOULET INC.</b>					
Principal Place of Business <b>2301 S CONGRESS APT 1114 BOYNTON BEACH, FL 33426 US</b>			Mailing Address <b>2301 S CONGRESS APT 1114 BOYNTON BEACH, FL 33426 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2301 S CONGRESS AVE</b> Suite, Apt. #, etc. <b>1212</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>Boynton Beach FL</b>		City & State		4. FEI Number <b>20-8398114</b>	
Zip <b>33426</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOULET, DANY 2301 S CONGRESS APT 1114 BOYNTON BEACH, FL 33426</b>				7. Name and Address of New Registered Agent Name <b>GOULET DANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2301 S CONGRESS AVE APT 1212</b> City <b>Boynton Beach</b> FL Zip Code <b>33426</b>	
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:  <span style="float: right;">02-16-08</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GOULET, DANY</b> <b>2301 S CONGRESS APT 1212</b> <b>BOYNTON BEACH, FL 33426</b> <b>New Appt # 1212</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GOULET, DANY</b> <b>2301 S CONGRESS APT 1212</b> <b>BOYNTON BEACH, FL 33426</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:  <b>DANY GOULET</b> <span style="float: right;">02-16-08 561-364-0837</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					