

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026206

FILED
Apr 29, 2008
Secretary of State

Entity Name: GOODMAN FINANCIAL INSTITUTE OF AMERICA, INC.

Current Principal Place of Business:

2997 TYRONE BOULEVARD NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

6090 CENTRAL AVE
ST. PETERSBURG, FL 33707

Current Mailing Address:

286 107TH AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

6090 CENTRAL AVE
ST. PETERSBURG, FL 33707

FEI Number: 20-8560492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, WILLIAM
286 107TH AVENUE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

EDWARDS, WILLIAM
6090 CENTRAL AVE
ST. PETERSBURG, FL 33707 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, WILLIAM
Address: 286 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARDS, WILLIAM
Address: 6090 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33707

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.

SIGNATURE: JAMES HINTZ

CFO

04/29/2008

Electronic Signature of Signing Officer or Director

Date