

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046083

FILED
Mar 24, 2008
Secretary of State

Entity Name: THE GOOD SHEPHARD SUPPORT SERVICES INC.

Current Principal Place of Business:

11247 SAN JOSE BOULEVARD, APT 1218
JACKSONVILLE, FL 32223

New Principal Place of Business:

11247 SAN JOSE BOULEVARD
SUITE 1218
JACKSONVILLE, FL 32223

Current Mailing Address:

11247 SAN JOSE BOULEVARD, APT 1218
JACKSONVILLE, FL 32223

New Mailing Address:

11247 SAN JOSE BOULEVARD
SUITE 1218
JACKSONVILLE, FL 32223

FEI Number: 83-0481614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPST () Delete
Name: SHEPHARD, SCOEY L
Address: 11247 SAN JOSE BOULEVARD, APT 1218
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: GARDNER, VANESSA
Address: 11247 SAN JOSE BOULEVARD, APT 1218
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SHEPHARD, SCOEY L
Address: 11247 SAN JOSE BOULEVARD, SUITE 1218
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change () Addition
Name: GARDNER, VANESSA
Address: 11247 SAN JOSE BOULEVARD, SUITE 1218
City-St-Zip: JACKSONVILLE, FL 32223

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: SCOEY L. SHEPHARD

DPST

03/24/2008

Electronic Signature of Signing Officer or Director

Date