## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000087939

FILED Jul 14, 2009 Secretary of State

Entity Nar	ne: GO GREI	EN STRATEGIES.COM, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	OOD ROAD SSEE, FL 323	12			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
3209 ADWOOD ROAD TALLAHASSEE, FL 32312				3209 ADWOOD DRIVE TALLAHASSEE, FL 32312	
FEI Number:	11-3820557	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
	ROBERT H MONROE SSEE, FL 3230	01 US	3209 ADWOOD DE	COLLEEN M. CASTILLE 3209 ADWOOD DRIVE TALLAHASSEE, FL 32312 US	
	named entity s of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: COLLEEN M. CASTILLE				07/14/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	·	NOTE TO OFFICERS AND DIRECTORS.	
Title: Name: Address: City-St-Zip:	P/D () CASTILLE, COI 3209 ADWOOD TALLAHASSEE	Delete LLEEN DROAD	Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP/S ( ) CASTILLE, COI 3209 ADWOOD TALLAHASSEE	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) BOSTICK, JES 3209 ADWOOD TALLAHASSEE	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: COLLEEN M. CASTILLE MS. 07/14/2009