

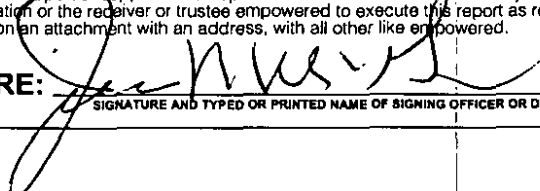


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90018 048 \*\*\*150.00

|  |                                 |   |   |
|--|---------------------------------|---|---|
| <b>DOCUMENT # P07000087992</b><br>1. Entity Name<br><b>YOU GO GIRL, INC.</b>   |                                 |    |   |
| Principal Place of Business<br><b>432 OSCEOLA DRIVE<br/>JACKSONVILLE BEACH, FL 32250</b>   |                                 | Mailing Address<br><b>432 OSCEOLA DRIVE<br/>JACKSONVILLE BEACH, FL 32250</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country  |   |
|  |                                 |    |   |
|  |                                 | 01082008 Chg-P CR2E034 (12/06)  |   |
|  |                                 | 4. FEI Number Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>REYNOLDS, HEATHER M<br/>115 PROFESSIONAL DRIVE<br/>101<br/>PONTE VEDRA BEACH, FL 32082</b>   |                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                 |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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>               |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE  | P                               | TITLE   |   |
| NAME   | MCGARVEY, PAULA S               | NAME  |   |
| STREET ADDRESS   | 432 OSCEOLA DRIVE               | STREET ADDRESS  |   |
| CITY - ST - ZIP  | JACKSONVILLE BEACH, FL 32250    | CITY - ST - ZIP   |   |
|  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  |                                 | TITLE   |   |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP  |                                 | CITY - ST - ZIP   |   |
|  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  |                                 | TITLE   |   |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP  |                                 | CITY - ST - ZIP   |   |
|  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  |                                 | TITLE   |   |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP  |                                 | CITY - ST - ZIP   |   |
|  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  |                                 | TITLE   |   |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP  |                                 | CITY - ST - ZIP   |   |
|  | <input type="checkbox"/> Delete |   | <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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                 | Date: <b>3/24/08</b> Daytime Phone #: <b>904-247-9160</b>   |   |