

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041417

FILED
Feb 16, 2009
Secretary of State

Entity Name: GOODKARMA ENTERPRISES INC.

Current Principal Place of Business:

345 LAKEPOINT RD.
ALFORD, FL 32420

New Principal Place of Business:

Current Mailing Address:

4660 NE DUDLEY CIRCLE
JENSEN BEACH, FL 34957

New Mailing Address:

3365 WREN CT
MARIANNA, FL 32448

FEI Number: 26-2472934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANTANTONI, ROBIN
345 LAKEPOINT RD.
ALFORD, FL 32420 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: P () Delete
Name: FRANTANTONI, ROBIN
Address: 4660 NE DUDLEY CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: V () Delete
Name: FRANTANTONI, CHRISTOPHER W
Address: 4660 NE DUDLEY CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: V (X) Delete
Name: IRWIN, BRUCE W SR.
Address: 152 MERRY DRIVE NW
City-St-Zip: MILLEDGEVILLE, GA 31061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANTANTONI, ROBIN
Address: 3365 WREN CT
City-St-Zip: MARIANNA, FL 32448

Title: V (X) Change () Addition
Name: IRWIN, BRUCE W SR.
Address: 152 MERRY DRIVE NW
City-St-Zip: MILLEDGEVILLE, GA 31061

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBIN FRANTANTONI

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date