2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043610

Entity Name: GOINCORP USA INC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5950 LAKEHURST DR STE 178

ORLANDO, FL 32819 US

New Mailing Address: Current Mailing Address:

5950 LAKEHURST DR **STE 178**

ORLANDO, FL 32819 US

FEI Number: 26-2518469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, CRISTINA SAFETY BUSINESS LLC

6220 S ÓRANGE BLOSSOM TRAIL 6220 S ORANGE BLOSSOM TRAIL

603

ORLANDO, FL 32809 US ORLANDO, FL 32809 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: CRISTINA RIVERA 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: GO, HENRY T ARRUDA PIRES, JOAO MARCOS B Name: Name: 5950 LAKEHURST DR, 178 5950 LAKEHURST DR, 178 Address: Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

Title: VΡ Title: () Change () Addition () Delete

PIRES, JOAO MARCOS A Name: Name: 5950 LAKEHURST DR, 178 Address: Address: ORLANDO, FL 32819 US City-St-Zip: City-St-Zip:

Title: Title: DT () Delete () Change () Addition

GO, SILVIA REGINA R Name: Name: 5950 LAKEHURST DR. 178 Address: Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition

ARRUDA PIRES, JOAO MARCOS B Name:

GO, HENRY T Name: Address: 5950 LAKEHURST DR, STE 178 Address: 5950 LAKEHURST DR, STE 178 City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

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: JOAO MARCOS B. PIRES DP 05/01/2009