

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90220 003 \*\*\*158.75

DOCUMENT # **P94000059587**

1. Trade Name  
**Good Works, Inc.**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

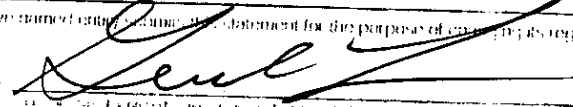
2. Principal Place of Business <b>4630 Kirkman Rd</b> State, Apt # etc. <b>194</b> City & State <b>Orlando, Florida</b>		3. Mailing Address <b>4630 Kirkman Rd</b> State, Apt # etc. <b>194</b> City & State <b>Orlando Florida</b>		4. FBI Number <b>59-3264621</b>	Applicable Not Applicable
Zip <b>32811</b>	Country <b>USA</b>	Zip <b>32811</b>	Country <b>USA</b>	5. Certificate of Sales Taxation <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Gerard Latulippe**  
Street Address (P.O. Box Number if Applicable): **4630 Kirkman Rd, suite 194**  
City: **Orlando Florida FL** Zip Code: **32811**

8. The above named entity assumes the statement for the purposes of creating its registered office or registered agent, or both, in the State of Florida

SIGNATURE: 


9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to file as (See criteria on back)

10. Election Campaign Financing (Trust Fund Contribution)  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE <b>President</b> NAME <b>Gerard Latulippe</b> STREET ADDRESS <b>4630 Kirkman Rd, Suite 194</b> CITY-ST-ZIP <b>Orlando Florida 32811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. If I am an officer or director of the corporation or the receiver or trustee of the corporation I declare the above information to be correct to the best of my knowledge and belief, and that my name appears in Block 11 of this report with an address, with all other information correct.

SIGNATURE:  **Gerard Latulippe** 4.11.02 407-808-8388

CR2E034B (12/01)