

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012054

Entity Name: GONCAN INC.

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

7050 SW 27TH ST.  
MIRAMAR, FL 33023

## New Principal Place of Business:

2971 SW BRIGHT ST.  
PORT ST LUCIE, FL 34953

## Current Mailing Address:

7050 SW 27TH ST.  
MIRAMAR, FL 33023

## New Mailing Address:

2971 SW BRIGHT STREET  
PORT ST. LUCIE, FL 34953

FEI Number: 65-0642550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NWA OBI, GODWIN A  
7050 SW 27TH ST.  
MIRAMAR, FL 33023 US

## Name and Address of New Registered Agent:

NWA OBI, GODWIN A  
2971 SW BRIGHT ST.  
PORT ST LUCIE, FL 34953 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: GODWIN A. NWA OBI

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NWA OBI, GODWIN A  
Address: 7050 SW 27TH ST.  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: NWA OBI, OBINNA M  
Address: 7050 SW 27TH ST.  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: NWA OBI, ZITA N  
Address: 7050 SW 27TH ST  
City-St-Zip: MIRAMAR, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NWA OBI, GODWIN A  
Address: 2971 SW BRIGHT ST.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change ( ) Addition  
Name: NWA OBI, OBINNA M  
Address: 2971 SW BRIGHT ST.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP (X) Change ( ) Addition  
Name: NWA OBI, ZITA N  
Address: 2971 SW BRIGHT ST  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: GODWIN A. NWA OBI

PRES

04/19/2007

Electronic Signature of Signing Officer or Director

Date