2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # P98000080641 1. Entity Name A GOOD NAME, INC. Principal Place of Business Mailing Address 1746 FAIRVIEW SHORES DR. 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132 ORLANDO FL 32804-1132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3535448 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDUFFIE, DAVID L Street Address (P.O. Box Number is Not Acceptable) 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ши. Delete HILE ☐ Change Addition MCDUFFIE, DAVID L NAMI NAMÈ 1746 FAIRVIEW SHORES DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32804-1132 CITY-ST-ZIP CITY S1-7IP THE ☐ Delete 010. ☐ Change ■ Addition 000000711667 04/26/07-80017-004 150.00 THOMAS, MARTHA M NAMI NAML 1110 W. LAKE MARTHA DR. NE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CHY-ST-ZIE CITY-SI-ZIP TOD Delete THE ☐ Change Addition NAMI' NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-SI-7P HILE Defete TITLE ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP HILE ☐ Delete Change IIIIE Addition NAMI* NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete THIF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.