


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 022 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000084770 1. Entity Name GOOD WORLD CORPORATION		
Principal Place of Business 148 NW 167 STREET MIAMI, FL 33160 US		Mailing Address 41 NW 167 STREET NORTH MIAMI BEACH, FL 33169 US
2. Principal Place of Business 41 NW 167 street		3. Mailing Address 41 NW 167 st
Suite, Apt. #, etc. # A		Suite, Apt. #, etc. # A
City & State Miami, FL		City & State Miami, FL
Zip 33169	Country US	Zip 33169
Country US A		4. FEI Number 65-0867170
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
\$8.75 Additional Fee Required		04282006 Chg-P CR2E034 (11/05)
6. Name and Address of Current Registered Agent LIU, YONG Q 1850 N.E. 169TH STREET SUITE 303 NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Yong Q Liu</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/28/06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete	NAME LIU, YONG Q	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1850 N.E. 169TH STREET SUITE 303	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	NAME TR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	NAME CHING, KAICHUNG	STREET ADDRESS 41 NW 167 ST
TITLE TR <input checked="" type="checkbox"/> Delete	NAME CHING, KAICHUNG	CITY-ST-ZIP Miami, FL 33169
STREET ADDRESS 3817 SW 50 CT	CITY-ST-ZIP FT. LAUDERDALE, FL 33312	TITLE VP
CITY-ST-ZIP FT. LAUDERDALE, FL 33312	NAME NG, JENNY M	STREET ADDRESS 41 NW 167 ST
TITLE VP <input checked="" type="checkbox"/> Delete	NAME NG, JENNY M	CITY-ST-ZIP Miami, FL 33169
STREET ADDRESS 4937 SW 32 WAY	CITY-ST-ZIP FT. LAUDERDALE, FL 33312	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP FT. LAUDERDALE, FL 33312	TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: <i>Yong Q Liu</i>		DATE: 4/28/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>