


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000110888

1. Entity Name
GOALSGUY LEARNING SYSTEMS, INC.



Principal Place of Business 36181 EAST LAKE ROAD SUITE 139 PALM HARBOR, FL 34685	Mailing Address 36181 EAST LAKE ROAD SUITE 139 PALM HARBOR, FL 34685
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DO NOT WRITE IN THIS SPACE



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-8615712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH J SOROTA JR PA
 28100 US HIGHWAY 19 N SUITE 504
 CLEARWATER, FL 33761**

DO NOT WRITE IN THIS SPACE

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]* **GARY BLAIR** **8-19-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIR, GARY RYAN 36181 EAST LAKE RD #139 PALM HARBOR, FL 34685
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 08/26/04-80004-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **8-19-04 877-462-5748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #