

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32589

FILED
Apr 26, 2007
Secretary of State

Entity Name: GOLDFISH ENTERPRISES, INC.

Current Principal Place of Business:

8723 LONESOME PINE TRAIL
FORT PIERCE, FL 34945 US

New Principal Place of Business:

6213 CITRUS AVE
FORT PIERCE, FL 34982 US

Current Mailing Address:

8723 LONESOME PINE TRAIL
FORT PIERCE, FL 34945 US

New Mailing Address:

6213 CITRUS AVE
FORT PIERCE, FL 34982 US

FEI Number: 65-0241913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLARD, GARY DAVID
8723 LONESOME PINE TRAIL
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

HILLARD, GARY DAVID
6213 CITRUS AVE
FORT PIERCE, FL 34982 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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILLARD, GARY DAVID,
Address: 8723 LONESOME PINE TRAIL
City-St-Zip: FORT PIERCE, FL 34945

Title: SD () Delete
Name: HILLARD, BETHANY S.,
Address: 8723 LONESOME PINE TRAIL
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILLARD, GARY DAVID,
Address: 6213 CITRUS AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY DAVID HILLARD

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date