

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S44196

FILED
Oct 26, 2004
Secretary of State

Entity Name: GOTTA GO CORPORATION

Current Principal Place of Business:

17600 SR 50
WINTER GARDEN, FL 34711

New Principal Place of Business:

17600 SR 50
CLERMONT, FL 34711

Current Mailing Address:

11712 LAKESHORE DRIVE
CLERMONT, FL 34711

New Mailing Address:

11417 CYPRESS BAY STREET
CLERMONT, FL 34711

FEI Number: 59-3058388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICCI, PAULA M.
11712 LAKESHORE DRIVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

RICCI, PAULA M.
11417 CYPRESS BAY STREET
CLERMONT, FL 34711 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: PAULA M. RICCI

10/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICCI, PAULA M.,
Address: 11712 LAKESHORE DR.
City-St-Zip: CLERMONT, FL

Title: D (X) Delete
Name: RICCI, ALAN T.,
Address: 11712 LAKESHORE DR.
City-St-Zip: CLERMONT, FL

Title: SD (X) Delete
Name: RICCI, VICTORIA M.,
Address: 11712 LAKESHORE DR.
City-St-Zip: CLERMONT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICCI, PAULA M.,
Address: 11417 CYPRESS BAY STREET
City-St-Zip: CLERMONT, FL 34711

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

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 Section 119.07(3)(i), 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: PAULA M. RICCI

PD

10/26/2004

Electronic Signature of Signing Officer or Director

Date