

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2005
Secretary of State**

DOCUMENT# P01000094178

Entity Name: CIRILIUM, INC.

Current Principal Place of Business:

625 N. FLAGLER DRIVE
STE 605
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

625 N. FLAGLER DRIVE
STE 605
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-3754073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, TIMOTHY
625 N. FLAGLER DRIVE, STE 605
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

COHEN, MATTHEW J
625 N. FLAGLER DRIVE, STE 605
WEST PALM BEACH, FL 33401 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: MATTHEW J. COHEN 10/14/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEES, DONALD E
Address: 625 N. FLAGLER DRIVE #605
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD (X) Delete
Name: SIMPSON, TIMOTHY
Address: 325 N. FLAGLER DR #605
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COHEN, MATTHEW J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401

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: MATTHEW J. COHEN PSTD 10/14/2005

Electronic Signature of Signing Officer or Director Date