

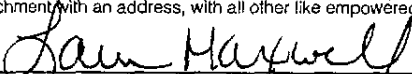


FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000106409 1. Entity Name HALEX CORPORATION				State of Florida Jan 28, 2005 00:00	
Principal Place of Business 2059 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address 2059 TRADE CENTER WAY NAPLES, FL 34109			
DO NOT WRITE IN THIS SPACE				01182005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3490360	
				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 MAXWELL, LAUREN 2059 TRADE CENTER WAY NAPLES, FL 34109				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1100090001710 01/28/05-80077-022 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	PD				
NAME	MAXWELL, LAUREN				
STREET ADDRESS	2059 TRADE CENTER WAY				
CITY-ST-ZIP	NAPLES, FL 34109				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		1-19-05 239 216 4444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			