## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000054469

Entity Name: TECHSPHERE, INC.

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

28TH AVE AT PORT IMPERIAL 20 PINE VALLEY ROAD # 329 LIVINGSTON, NJ 07039

WEST NEW YORK, NJ 07093

Current Mailing Address: New Mailing Address:

28TH AVE AT PORT IMPERIAL 20 PINE VALLEY ROAD LIVINGSTON, NJ 07039

WEST NEW YORK, NJ 07093

FEI Number: 41-2095797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIMBER-SUKIENNIK, AMY C/O RICHARD AMADO, CPA 7101 W MCNAB RD, # 201 TAMARAC, FL 33321 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: RICHARD AMADO

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVT () Delete Title: DPVT (X) Change () Addition
Name: CIMBER-SUKIENNIK, AMY
Address: 28TH AVE AT PORT IMPERIAL #329
Address: 28TH AVE AT PORT IMPERIAL #329

Address: 28TH AVE AT PORT IMPERIAL , # 329 Address: 20 PINE VALLEY ROAD City-St-Zip: WEST NEW YORK, NJ 07093 City-St-Zip: LIVINGSTON, NJ 07039

Title: VP ( ) Delete Title: DPVT (X) Change ( ) Addition Name: SUKIENNIK, MAREK Name: CIMBER, HUGO

Address: 28 AVE AY PORT IMPERIAL, # 329 Address: 20 PINE VALLEY RD

City-St-Zip: WEST NEW YORK, NJ 07093 City-St-Zip: LIVINGSTON, NJ 07039

Title: ( ) Delete Title: DPVT ( ) Change (X) Addition

 Name:
 Name:
 COHEN, MICHAEL

 Address:
 Address:
 20 PINE VALLEY ROAD

 City-St-Zip:
 City-St-Zip:
 LIVINGSTON, NJ 07039

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: AMY CIMBER- SUKIENNIK DPVT 02/14/2007