

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 19, 2005
Secretary of State**

DOCUMENT# P95000093897

Entity Name: D2P2, INC.

Current Principal Place of Business:

New Principal Place of Business:

P. O. BOX 271

O'BRIEN, FL 32071 US

Current Mailing Address:

New Mailing Address:

P. O. BOX 271
O'BRIEN, FL 32071 US

3214 S ST LUCIE DR
CASSELBERRY, FL 32707 US

FEI Number: 59-3354382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PETERSON, WILLIAM D.
25223 93RD DR.
BRANFORD, FL 32008 US

HOWARD, MICHELLE
3214 S ST LUCIE DR
CASSELBERRY, FL 32707 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: MICHELLE A HOWARD 09/19/2005
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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PETERSON, WILLIAM DAVID
Address: P. O. BOX 271
City-St-Zip: O'BRIEN, FL

Title: PTD (X) Change () Addition
Name: PETERSON, JONATHAN
Address: P. O. BOX 271
City-St-Zip: O'BRIEN, FL 32071

Title: VSD () Delete
Name: PETERSON, PAMELA SUE
Address: 1321 BOYER ST.
City-St-Zip: LONGWOOD, FL

Title: VSD (X) Change () Addition
Name: PETERSON, PAMELA SUE
Address: 1321 BOYER ST.
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PETERSON, CHARLES
Address: P. O. BOX 271
City-St-Zip: O'BRIEN, FL 32071

Title: () Delete
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HOWARD, MICHELLE
Address: 3214 S ST LUCIE DR
City-St-Zip: CASSELBERRY, FL 32707 US

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: JONATHAN PETERSON PTD 09/19/2005
Electronic Signature of Signing Officer or Director Date