

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 505859

Entity Name: PNEUMATICO, INC.

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

5090 S. INDUSTRY DR.
MELBOURNE, FL 32941 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410310
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-1757246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, O R
6845 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

HILLIARD, LINDA M PRES
6845 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: LINDA M. HILLIARD

02/24/2006

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: PD () Delete
Name: HILLIARD, L M
Address: 6845 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL

Title: SD () Delete
Name: HILLIARD, L M
Address: 6845 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL

Title: VD () Delete
Name: HILLIARD, D R
Address: 2932 KENSINGTON RD.
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: HILLIARD, DEREK
Address: 2932 KENSINGTON RD.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILLIARD, L M
Address: 6845 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL

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

Title: VD (X) Change () Addition
Name: HILLIARD, DOUG R
Address: 2932 KENSINGTON RD.
City-St-Zip: MELBOURNE, FL 32935

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 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: LINDA M. HILLIARD

PRES

02/24/2006

Electronic Signature of Signing Officer or Director

Date