

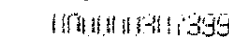
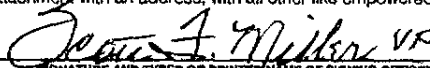



FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 748738 1. Entity Name NAVARRE REFLECTIONS, INC.				Apr 15, 2005 08:00 AM Secretary of State	
Principal Place of Business 7785 GULF BLVD NAVARRE BEACH, FL 32566		Mailing Address P.O. BOX 5087 NAVARRE BEACH, FL 32566			
DO NOT WRITE IN THIS SPACE					
		01202005 No Chg-NP CR2E037 (10/03)			
		4. FEI Number 63-0804544		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREW & CREW, PA 25 BEAL PARKWAY NE, STE. 210 FORT WALTON BEACH, FL 32548		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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 04/15/05-80054-011 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOCUM, JIM 4317 28TH STREET EAST TUSCALOOSA, AL 35404	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARIN, DICK 2020 STEELE BLVD BATON ROUGE, LA 70808				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURCKHALTER, STEVE 10185 WESTWIND DR SHREVEPORT, LA 71106				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOCUM, ANN 4317 28TH STREET EAST TUSCALOOSA, AL 35404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MILLER, SCOTT P.O. BOX 1123 JACKSON, MS 392151123				
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)(f), 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 617, 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:   4-11-05 1606-922-833					