2003 FOR PROFIT CORPORATION HIMIEADM BHISINESS DEBART (HRD)

<u> </u>	IFONM BOSINE	33 HEFOR	IODU	FILED		
DOCUMENT # F0000002542 1. Entity Name LIVING MACHINES, INC.				03 APR 15 AH 10: 02		
			1	SECRETARY OF CTATE		
Principal Place 14 S. SWINTO DELRAY BEA		Mailing Address 14 S. SWINTON AVENUE DELRAY BEACH FL 33444		SECRETARY OF STATE FALLAHASSEE. FLORIDA		
				I HARINAT KINI ARKIN TANIN KANIN ARKIN ARKIN ARKIN BANIN BANIN BARA ARKIN SURIN KANI NADI		
2. Principal f	Place of Business	3. Mailing Address	-			
255 NR GTH AVR 255 NR GTH			H AVK			
Suite, Apt. #, etc. Suite, Apt. #, etc.				151 CHECK HERE IF MAKING CHANGES		
City & State OF LRAY BEACH, FL OF LRAY BEACH OF LRAY BEACH			2 2 2 1	4. FEI Number 52-2241281 Applied For		
Zip	RAY BEACH, FL Country	DELRAY BR	Country	C TE Additional		
	483 USA	33483	USA	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent		
CNITHED DOREDT M ID			(NINTZER, WILLIAM R.		
14 S. SWINTON AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33444						
		•	City	DELRAY BEACH FL Zip Code 33 4 83		
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		inter WILLIA		WINTERR ATT 4/14/33		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVT SMITHER, ROBERT M JR.	Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS	14 S. SWINTON AVENUE		NAME STREET ADDRESS	500016087805 04/15/0301098024 **150.00		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	04/15/05 01050 05/ 44/100/00		
TITLE NAME	DP	🖊 Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS	Freakley, Edwin M 14 S Swintosh Ave		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP			
TITLE	S PD	□ Delete	TITLE	Change Addition		
NAME STREET ADDRESS	GOODYEAR, KIM 125 LA POSTA ROAD		NAME STREET ADDRESS			
CITY-ST-ZIP	TAOS NM 87571		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	WORRELL, THOMAS E., JR Change Addition		
NAME Street address	1	•	NAME STREET ADDRESS	255 NE 6TH AUR		
CITY-ST-ZIP			CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE		☐ Delete	TITLE			
NAME			NAME	SAN MARTIN, MARTA 255 NR GTH AVR		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	 	Delete	TITLE	A /T Change DA Addition		
NAME			NAME	WINTZER, WILLIAM R. Z55 NE STH AVE		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DELRAY BRACH, FL 33 483		
		4.5.49		ad in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
12. Thereby o	sertity that the information subblied with t	his filling does not quality for t	ne exemption state	ad in Section (19.07/378), Florida Statutes, Floriner Centiv mai the information (1		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

R. WINTZER 4/14/03 (541)243-2400

CR2E034 (10/02)