2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F0400000094

Entity Name: BOOK, HEALTH AND CONFERENCE, INC.

FILED Nov 02, 2006 Secretary of State

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

CALLE PITIRRE 157 SAN JUAN, PR 00926

Current Mailing Address: New Mailing Address:

MALLORCA ST. 1143 PO BOX 784474

MANSIONES VISTANAR MARINA WINTER GARDEN, FL 34778

CAROLINA, PR 00985

FEI Number: 66-0498750 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:

REV. R. OTONIEL FONT MAGALI NADAL 12250 JOHNN YOUNG PARKWAY 1310 JONHS COVE LANE OACKLAND, FL 34787 ORLANDO, FL 32837

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: MAGALI NADAL DE FONT 11/02/2006

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition REV. RODOLFO FONT RU, IZ REV. RODOLFO FONT RU, IZ Name: Name:

MALLORCA ST., 1143, MANSIONES VSTMR, MRNA Address: 1310 JOHNS COVE LANE Address: City-St-Zip: CAROLINA, PR 00985 City-St-Zip: OAKLAND, FL 34787

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

Name: MAGALY NADAL DE FONT, Name: MAGALI NADAL DE FONT, MALLORCA ST. 1143, MANSIONES VSTMR MRNA Address: 1310 JOHNS COVE LANE Address: CAROLINA, PR 00985 OAKLAND, FL 34787 City-St-Zip: 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: MAGALI NADAL DE FONT VCV 11/02/2006