

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000001189

Entity Name: CIRILIUM HOLDINGS, INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

625 N FLAGLER DR SUITE 509
W. PALM BEACH, FL 33401

New Principal Place of Business:

625 N FLAGLER DR SUITE 605
W. PALM BEACH, FL 33401

Current Mailing Address:

625 N FLAGLER DR SUITE 509
W. PALM BEACH, FL 33401

New Mailing Address:

625 N FLAGLER DR SUITE 605
W. PALM BEACH, FL 33401

FEI Number: 20-0735911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANARDI, DAVID
625 N FLAGLER DR SUITE 509
W. PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

COHEN, MATTHEW J
625 N FLAGLER DR SUITE 605
W. PALM BEACH, FL 33401 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: MATTHEW J. COHEN

10/14/2005

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:

Title: C () Delete
Name: PARKER, GERALD C
Address: 625 N FLAGLER DR SUITE 509
City-St-Zip: W. PALM BEACH, FL 33401

Title: CEO (X) Delete
Name: PEARCE, ROBERT W
Address: 625 N FLAGLER DR SUITE 509
City-St-Zip: W. PALM BEACH, FL 33401

Title: P (X) Delete
Name: LEES, DON
Address: 625 N FLAGLER DR SUITE 509
City-St-Zip: W. PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COHEN, MATTHEW J
Address: 625 N FLAGLER DR SUITE 605
City-St-Zip: W. PALM BEACH, FL 33401

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

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 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: MATTHEW J. COHEN

CEOC

10/14/2005

Electronic Signature of Signing Officer or Director

Date