2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000001960

(X) Delete

COLOSIMO, SÁM

230 DEMING WAY

SUMMERVILLE, SC 29483

Title:

Name:

Address:

City-St-Zip:

Entity Name: MAXCESS TECHNOLOGIES, INC.

FILED Dec 01, 2005 Secretary of State

Current Pr	of Business:	New Princ	New Principal Place of Business:			
230 DEMING WAY SUMMERVILLE, SC 29483						
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
230 DEMING WAY SUMMERVILLE, SC 29483				1630 COBB INTERNATIONAL BLVD KENNESAW, GA 30152		
FEI Number: 56-2446925 FEI Number Applied For () FEI Nu			El Number Not Appl	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na				Address o	f New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: DOUGLAS A ROBERTS						
	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: Name: Address: City-St-Zip:		Delete //I /Y	Title: Name: Address: City-St-Zip:	P COLOSIMO, 230 DEMING	(X) Change () Addition SAM	
Title: Name: Address: City-St-Zip:	DST ()E ROBERTS, DOUG 230 DEMING WA SUMMERVILLE,	Y	Title: Name: Address: City-St-Zip:	KUSUMOTO	INTERNATIONAL BLVD	
Title: Name: Address: City-St-Zip:	D () E NEUWIRTH, ALA 230 DEMING WA SUMMERVILLE,	Y	Title: Name: Address: City-St-Zip:	ROBERTS, I	INTERNATIONAL BLVD	

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DOUGLAS A ROBERTS ST 12/01/2005