2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001672

FILED Oct 10, 2006 Secretary of State

Entity Name: MARSH & ASSOCIATES, INC., ARCHITECTURE/PLANNING/INTERIORS

Current Principal Place of Business: New Principal Place of Business: 383 INVERNESS PARKWAY, SUITE 190 ENGLEWOOD, CO 80112 **Current Mailing Address: New Mailing Address:** 383 INVERNESS PARKWAY, SUITE 190 ENGLEWOOD, CO 80112 FEI Number: 84-1357092 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: MARSH, IVAN 507 PALERMO BLVD KISSIMMEE, FL 34759 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: IVAN MARSH 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 () Change () Addition MARSH, MICHAEL Name: Name: 383 INVERNESS PARKWAY, SUITE 190 Address: Address: City-St-Zip: ENGLEWOOD, CO 80112 City-St-Zip: **VPVC** () Delete Title: Title: () Change () Addition Name: MARSH, PAULA Name: 383 INVERNESS PARKWAY, SUITE 190 Address: Address: ENGLEWOOD, CO 80112 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WEBB, BRYAN Name: Name: 383 INVERNESS PARKWAY, SUITE 190 Address: Address: ENGLEWOOD, CO 80112 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition KOSKOVICH, WILLIAM Name: Name: Address: 383 INVERNESS PARKWAY, SUITE 190 Address: City-St-Zip: ENGLEWOOD, CO 80112 City-St-Zip: Title: () Delete Title: () Change () Addition PARSONS, ROB CPA Name: Name: 385 INVERNESS PARKWAY, SUITE 275 Address: Address: City-St-Zip: ENGLEWOOD, CO 80112 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: MICHAEL S. MARSH PC 10/10/2006