2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002519

Oct 27, 2006 Secretary of State

Entity Name: WAL-MART ALLIANCE FOR REFORM NOW, INC. **Current Principal Place of Business: New Principal Place of Business:** 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, FL 70117 **Current Mailing Address: New Mailing Address:** 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, FL 70117 FEI Number: 72-0481941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331 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: ANGELA GAWLINSKI Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change () Addition () Delete FAHERTY, KENNETH V HURD, MAUDE Name: Name: 1024 ELYSIAN FIELDS AVENUE Address: 60 EDSON ST Address: City-St-Zip: NEW ORLEANS, FL 70117 City-St-Zip: DORCHESTER, MA 02124 Title: Title: () Change (X) Addition () Delete Name: Name: POLANCO, MARIA Address: Address: 388-90 GRAND CONCOURSE #7 City-St-Zip: City-St-Zip: BRONX, NY 10451 Title: () Delete Title: SEC () Change (X) Addition NELSON, MAXINE Name: Name: 4308 W 9TH AVENUE Address: Address: City-St-Zip: City-St-Zip: LITTLE ROCK, AR 71603 Title: () Delete Title: TREA () Change (X) Addition CLARK, JOHNNIE Name: Name: 8990 PINEHURST RD Address: Address: City-St-Zip: City-St-Zip: WOODBURY, MN 55125 Title: () Delete Title: () Change (X) Addition PHARR, DONNA Name: Name: 1024 ELYSIAN FIELDS Address: Address: City-St-Zip: City-St-Zip: NEW ORLEANS, LA 70117

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA PHARR ΑT 10/27/2006