2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000006740

Entity Name: STORM KING INC.

FILED Oct 02, 2006 Secretary of State

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

707 SAMMS AVENUE UNIT H 1400 SW 10TH AVE

PORT ORANGE, FL 32129 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

P.O. BOX 291057 1400 SW 10TH AVE.

POMPANOP BEACH, FL 33069 PORT ORANGE, FL 32129

FEI Number: 20-2488784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WHITE, WADE WHITE, WADE 707 SAMMS AVENUE UNIT H 1400 SW 10TH AVE

PORT ORANGE, FL 32129 POMPANO BEACH, FL 33069 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: WADE WHITE 10/02/2006

> 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:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WHITE, WADE WHITE, WADE Name: Name: 707 SAMMS AVENUE UNIT H 1400 SW 10TH AVE Address: Address:

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: POMPANO BEACH, FL 33069

Title: DST Title: DST () Delete (X) Change () Addition WHITE, LYNN Name: Name: WHITE, LYNN

707 SAMMS AVENUE UNIT H Address: 1400 SW 10TH AVE Address:

POMPANO BEACH, FL 33069 PORT ORANGE, FL 32129 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: WADE WHITE **PRES** 10/02/2006

Electronic Signature of Signing Officer or Director

Date