


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000002998	
1. Entity Name MCFARREN GROUP, INC.	

Principal Place of Business 200 N. THIRD STREET SUITE 1100 HARRISBURG, PA 17101	Mailing Address 200 N. THIRD STREET SUITE 1100 HARRISBURG, PA 17101
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2. Principal Place of Business - No P.O. Box 13871 Tonbridge Ct Suite, Apt. #, etc.	3. Mailing Address 6010 WaterMark Dr. Suite, Apt. #, etc.
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City & State Bonita Springs, FL.	City & State Cumming, GA.
Zip 34135	Zip 30040
Country USA	Country USA



6. Name and Address of Current Registered Agent WILSON, GARY K 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108-2709	
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4. FEI Number 25-1759846	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to the Registered Agent, or not familiar with, the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if (S) (S) Registered Agent signature required when reinstating	DATE _____
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCFARREN, PHILLIP D 200 N. THIRD STREET #1100 HARRISBURG, PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCFARREN, JOANNA 200 N. THIRD STREET #1100 HARRISBURG, PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, Florida Statutes, that the information indicated on this report or supplemental report is true and accurate and that my signature shall make this report a legal document of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, that the information changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Phillip D. McFarren</u>	Date: <u>10.12.07</u>	Daytime Phone: <u>717-3197280</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phillip D. McFarren - President		