



FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT #F31688 1. Entity Name DATAWISE, INC.			
Principal Place of Business 13810 MARINE DRIVE ORLANDO, FL 32832 US		Mailing Address P.O. BOX 532040 ORLANDO, FL 32853 US	
DO NOT WRITE IN THIS SPACE			
		04042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2080771 Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKENING, SANDRA J 1908 WOODWARD STREET ORLANDO, FL 32803			
		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000889092 04/22/08-80038-025 158.75	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		DO NOT WRITE IN THIS SPACE	
PD KINSLEY, KATHRYN 13810 MARINE DR ORLANDO, FL			
SDT BARLEY, KATHRYN 6042 JAMESTOWN PARK ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kathryn Kinsley</u> <u>Kathryn Kinsley</u> <u>4/5/08</u> <u>407-275-4442</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			