



FILED

Jan 27, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # F74993 1. Entity Name MURRAY HILL INVESTMENTS, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business P O BOX 239 BRYCEVILLE, FL 32009-0239</div><div>Mailing Address P O BOX 239 BRYCEVILLE, FL 32009-0239</div></div>		<div style="text-align: right;">Jan 27, 2006 08:00 A Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">01182006No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-2181984</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																								
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<div style="display: flex;"><div style="width: 50%; border-right: 1px solid black; padding-right: 5px;">6. Name and Address of Current Registered Agent SCARBOROUGH, WAYNE T. 905 PARK AVE SUITE 102 ORANGE PARK, FL 32073</div><div style="width: 50%; padding-left: 5px; text-align: center; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div></div>																																										
<div>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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE <i>Wayne T. Scarborough</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div style="text-align: right;"><small>(NOTE: Registered Agent signature required when reinstating)</small> <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div>\$5.00 May Be Added to Fees</div></div></div></div> <div style="text-align: right; margin-top: 10px;"><div style="display: flex; align-items: center;"><div style="margin-right: 10px;">1100000403132</div><div>02/03/06 00035 006-150.00</div></div><div style="text-align: center; margin-top: 5px;"><small>DATE</small></div></div>																																										
<div>10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>SCARBOROUGH, WAYNE T.</td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 239</td></tr><tr><td>CITY-ST-ZIP</td><td>BRYCEVILLE, FL 320090239</td></tr><tr><td>TITLE</td><td>VD</td></tr><tr><td>NAME</td><td>SCARBOROUGH, ROBERTA L.</td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 239</td></tr><tr><td>CITY-ST-ZIP</td><td>BRYCEVILLE, FL 320090239</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>SCARBOROUGH, WAYNE JR</td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 239</td></tr><tr><td>CITY-ST-ZIP</td><td>BRYCEVILLE, FL 320090239</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	SCARBOROUGH, WAYNE T.	STREET ADDRESS	P O BOX 239	CITY-ST-ZIP	BRYCEVILLE, FL 320090239	TITLE	VD	NAME	SCARBOROUGH, ROBERTA L.	STREET ADDRESS	P O BOX 239	CITY-ST-ZIP	BRYCEVILLE, FL 320090239	TITLE	D	NAME	SCARBOROUGH, WAYNE JR	STREET ADDRESS	P O BOX 239	CITY-ST-ZIP	BRYCEVILLE, FL 320090239	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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<div>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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE: <i>Robert Scarborough</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><div style="display: flex; align-items: center;"><div style="margin-right: 20px;">1/20/06</div><div>904-266-2400</div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><small>Date</small><small>Daytime Phone #</small></div></div></div>																																										