

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000000651

Entity Name: F.D.E., INC.

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

23 PAUL RENE DR.
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

23 PAUL RENE DR.
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 16-1404059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLSWORTH, PATRICIA M
8745 HENRY AVE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

ELLSWORTH, PATRICIA M
23 PAUL RENE DR.
MELBOURNE, FL 32904 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: PATRICIA ELLSWORTH

10/24/2008

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: PS () Delete
Name: ELLSWORTH, PATRICIA M
Address: 8745 HENRY AVE
City-St-Zip: MELBOURNE, FL 32904

Title: VT () Delete
Name: ELLSWORTH, FLOYD
Address: 8745 HENRY AVE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ELLSWORTH, PATRICIA M
Address: 23 PAUL RENE DR.
City-St-Zip: MELBOURNE, FL 32904

Title: VT (X) Change () Addition
Name: ELLSWORTH, FLOYD
Address: 23 PAUL RENE DR.
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA ELLSWORTH

PS

10/24/2008

Electronic Signature of Signing Officer or Director

Date