
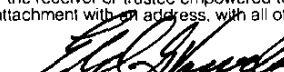


**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90025 043 \*\*\*150.00

<b>DOCUMENT # G61885</b> 1. Entity Name <b>VOWELS, INC.</b>				<b>Secretary of State</b> 01-24-2008 90025 043 ***150.00	
Principal Place of Business <b>C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US</b>		Mailing Address <b>C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1203 E. OAK ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1203 E. OAK ST.</b> Suite, Apt. #, etc.			
City & State <b>ARCADIA FL.</b>		City & State <b>ARCADIA, FL.</b>		4. FEI Number <b>59-2322938</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34266</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1203 E. OAK ST.</b> City <b>ARCADIA</b> <b>FL</b> Zip Code <b>34266</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P VOWELS, EDD G 4019 PALOMINO FR. SEBRING, FL 33875 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TS VOWELS, MARY L 4019 PALOMINO DR SEBRING, FL 33875 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 		JAN 16, 2008 863 3824787 Date Daytime Phone #			