## 2006 FOR PROFIT CORPORATION REINSTATEMENT

Country  Country  Country  S. Certificate of Status Desired   \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  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 agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature. Types or printed name of registered opent and site if applicable.  NOTE: Registered Agent signature required when reinstating)  OATE  FILE NOW!!! FEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  FRANCIS, HANAN  FRANCIS, HANAN  FRANCIS, HANAN  SIREET ADDRESS  G17 PELICAN BAY DRIVE  DAYTONA BEACH, FL 32119  DAYTONA BEACH, FL 32119  Delete  ITILE  VPS  Delete  TITLE  OG9/23/06—01051—018 **600.00  Change  Change  Change  Change  Change  Change  CHANGE  CITY-SI-ZIP  O9/23/06—01051—018 **600.00  Change  Change  Change  Change  CHANGE  CITY-SI-ZIP  O9/23/06—01051—018 **600.00	For Discable
2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc. Suite, Apt. #, etc. 09272006 REIN-P CR2E098 (11/05)  City & State City & State 4. FEI Number 59-2448522 Naddition Fee Required Fog-2448522 Naddition Fee Required Fee Re	For Discable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O9272006 REIN-P CR2E098 (11/05)  City & State  City & State  City & State  Country  Sp-2448522  Country  S. Certificate of Status Desired  Street Address of Status Desired  FRANCIS, HANAN 617 PELICAN BAY DR. DAYTONA BEACH, FL 32119  City  FL Zip Code  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 the obligations of registered agent.  Signature  FILE NOWIII FEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITLE  DPT	For blicable
City & State	al
Sp-2448522   Not Ap	al
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  FRANCIS, HANAN 617 PELICAN BAY DR. DAYTONA BEACH, FL 32119  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typog or printed name of registered agent and side if applicable. (NOTE: Registered Agent alignature required when reinstating)  OATE  FILE NOW!!! FEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INC.  ITILE  DPT  Delete  ITILE  DPT  Delete  STREET ADDRESS  617 PELICAN BAY DRIVE  DAYTONA BEACH, FL 32119  Delete  ITILE  VPS  DAYTONA BEACH, FL 32119  Delete  ITILE  (ITY-SI-ZIP  DAYTONA BEACH, FL 32119  Delete  TILE  Change  Change  Change  Change  Change  DC Change  Change  Change  DC Change	
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City FL Zip Code  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. If am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typeo or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE  DPT Delete ITILE  NAME FRANCIS, HANAN  STREET ADDRESS 617 PELICAN BAY DRIVE  CITY-SI-ZIP DAYTONA BEACH, FL 32119  TITLE  VPS Delete ITILE  Clange Change  CITY-SI-ZIP Clange  Change Change  CITY-SI-ZIP Clange  Change Change	accept
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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 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 of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Desymme Pricrie*	rector