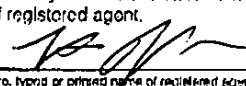
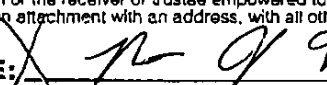


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J25308 1. Entity Name SOUND ANCHORS, INC.			
Principal Place of Business 2835 KIRBY AVE UNIT 110 PALM BAY, FL 32905 US		Mailing Address 872 VANCE CIR NE PALM BAY, FL 32905-5498 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 177 E Laila Suite, Apt. #, etc.	
City & State Zip		City & State West Melbourne Zip 32904	
Country		Country Brevard	
4. FEI Number 59-2657501		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORZALLA, PETER J. 872 VANCE CIRCLE NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Robert Worzalla Street Address (P.O. Box Number is Not Acceptable) 177 E Laila Ct West Melbourne City FL Zip Code 32904	
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)			
FILE NOW!!! FEE IS \$300.00		☒ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
NAME	PD		
STREET ADDRESS	WORZALLA, ROBERT J.		
CITY-ST-ZIP	335 VESTA CIRCLE MELBOURNE, FL		
NAME	SD		
STREET ADDRESS	WORZALLA, PETER J.		
CITY-ST-ZIP	872 VANCE CIRCLE NE PALM BAY, FL		
NAME	TD		
STREET ADDRESS	WORZALLA ANTHONY J.		
CITY-ST-ZIP	151 EBER ROAD MELBOURNE, FL		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		321-724-1237	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03082006 REIN-P CR2E098 (11/05) 05-06