

DOCUMENT # J49293			
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">KING'S VILLAGE, INC.</div>			
Principal Place of Business <div style="border: 1px solid black; padding: 2px;">6800 SILVER STAR ROAD ORLANDO FL 32818</div>		Mailing Address <div style="border: 1px solid black; padding: 2px;">6800 SILVER STAR ROAD ORLANDO FL 32761-2151</div>	
2. Principal Place of Business		3. Mailing Address <div style="text-align: center; font-size: 1.2em; font-weight: bold;">SAME</div>	
Suite, Apt. #, etc. <div style="font-size: 1.2em;">532 N. BLUFORD AVE</div>		Suite, Apt. #, etc.	
City & State <div style="font-size: 1.2em;">OCOE, FL</div>		City & State	
Zip <div style="font-size: 1.2em;">34761</div>	Country <div style="font-size: 1.2em;">USA</div>	Zip	Country
6. Name and Address of Current Registered Agent			
<div style="border: 1px solid black; padding: 5px;">ANTHONY, CHRISTOS 6800 SILVER STAR ROAD ORLANDO FL 32818</div>			Name
			Street Address (<div style="font-size: 1.2em;">532</div>
			City <div style="font-size: 1.2em;">OCOE</div>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE		<small>(NOTE: Registered Agent signature required)</small>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input type="checkbox"/>		<div style="text-align: center; font-weight: bold;">FILE NOW!!! FEE IS \$150.00</div> <div style="text-align: center; font-weight: bold;">After MAY 1, 2000 Fee will be \$550.00</div> <div style="text-align: center; font-weight: bold;">Make Check Payable to Department of State</div>	
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	ANTHONY, CHRISTOS		
STREET ADDRESS	6800 SILVER STAR ROAD		
CITY-ST-ZIP	ORLANDO FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the full force and effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SIGNATURE: [Signature] 4-30-00 407-656-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #