

05-10-2004 90466 025 ***150.00

DOCUMENT # J65023 1. Entity Name BOARDWALK ENTERPRISES, INC.		Secretary of State 05-10-2004 90466 025 ***150.00	
Principal Place of Business 31608 US HWY 19 N PALM HRBOR, FL 34684 US		Mailing Address 31608 US HIGHWAY 19 N PALM HRBOR, FL 34684	
2. Principal Place of Business P.O. Box 5226 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5226 Suite, Apt. #, etc.	
City & State CLEARWATER, FL Zip 33758 Country USA		City & State CLEARWATER FL Zip 33758-5226 Country USA	
4. FEI Number 59-2826126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent QUATTROCKI, JOHN J. 31608 US HWY 19 N PALM HRBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 619 MARINA AVE City CLEARWATER FL Zip Code 33765	
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 JOHN QUATTROCKI DATE 4-30-2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> Delete NAME QUATTROCKI, JOHN STREET ADDRESS 31608 US HIGHWAY 19 N CITY-ST-ZIP PALM HARBOR, FL 34684		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P.O. Box 5226 STREET ADDRESS CLEARWATER, FL 33758-5226	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN QUATTROCKI DATE 4-30-2004 <small>Signature typed or printed name of signing officer or director</small>			