

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K28820

FILED
Oct 26, 2004
Secretary of State

Entity Name: A WIZARD LOCKSMITH, INC.

Current Principal Place of Business:

15389 69TH TR N
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220717
WEST PALM BEACH, FL 334220717 US

New Mailing Address:

FEI Number: 65-0105073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKEN, AVON
15389 69TH TERRACE NORTH
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

AIKEN, AVON
15389 69TH TERRACE NORTH
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: AVON AIKEN

10/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AIKEN, AVON,
Address: 15389 69TH TERRACE NORTH
City-St-Zip: PALM BCH GDS, FL

Title: VPD (X) Delete
Name: AIKEN, THOMAS M.
Address: 5031 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL PALM BEACH, FL

Title: SD (X) Delete
Name: AIKEN, BOBBY JOE
Address: 620 NW PALM ST
City-St-Zip: STUART, FL

Title: TD () Delete
Name: AIKEN, KYLA Y.
Address: 15389 N 69 TERR
City-St-Zip: PALM BEACH GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AIKEN, AVON
Address: 15389 69TH TERRACE NORTH
City-St-Zip: PALM BCH GDS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: AIKEN, KYLA
Address: 15389 N 69 TERR
City-St-Zip: PALM BEACH GARDENS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVON AIKEN

PD

10/26/2004

Electronic Signature of Signing Officer or Director

Date