


**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L02000017395</b>				03-23-2006 90267 008 ****50.00	
1. Entity Name <b>KIRKEY PRODUCTS GROUP, LLC</b>					
Principal Place of Business <b>1920 BOOTHE CIR., SUITE 200 LONGWOOD, FL 32750</b>		Mailing Address <b>1920 BOOTHE CIR., SUITE 200 LONGWOOD, FL 32750</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>04-3703668</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>RUGGIERO, STANLEY J JR. 565 SABLE LAKE DR, APT 107 LONGWOOD, FL 32779</b>		Name  Street (P.O. Box Number is Not Acceptable) <b>2924 Crystal Creek Blvd.</b>  City <b>Orlando</b> <b>FL</b> Zip Code <b>32837</b>			
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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P RUGGIERO, STANLEY J 1920 BOOTHE CIR., SUITE 200 LONGWOOD, FL 32750					
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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Delete			Change Addition		
Delete			Change Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>KATH D. MEDLEY</b> <b>3/15/06</b> <b>407-331-5151</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					