
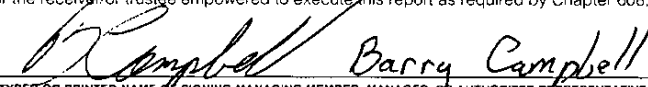


FILED
Apr 17, 2007 8:00 am
Secretary of State

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| DOCUMENT # L02000023521 | |  | | 04-17-2007 90256 033 ****50.00 | |
| 1. Entity Name FLOMUS LLC | | | | | |
| Principal Place of Business 8 KITCHEN ROAD NORTH #2 HUNTSVILLE, ONTARIO, CANADA P1H 1X9, XX | | Mailing Address 8 KITCHEN ROAD NORTH #2 HUNTSVILLE, ONTARIO, CANADA P1H 1X9, XX | | | |
| 2. Principal Place of Business - No P.O. Box # 3 Main St. West Suite #1014 Huntsville, Ontario P1H 0A3 Canada | | 3. Mailing Address 3 Main St. West Suite #1014 Huntsville, Ontario P1H 0A3 Canada | |  04122007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 98-0382316 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent SANDERS, FAYE CPA 161 N MAIN STREET WILLISTON, FL 32696 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 reissuing) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CAMPBELL, BARRY 8 KITCHEN RD. N., #2 HUNTSVILLE, ONTARIO, CA p1h 1x9 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 Main St. West, Suite #1014 Huntsville, Ontario, Canada P1H 0A3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CAMPBELL, JEANNIE 8 KITCHEN RD. N., #2 HUNTSVILLE, ONTARIO, CA p1h 1x9 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 Main St. West, Suite #1014 Huntsville, Ontario, Canada P1H 0A3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  Barry Campbell April 12/07 705-788-0272 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |