


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000122011		
1. Entity Name THE NEW CENTURION GROUP, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 2:40

Principal Place of Business 1579 EAGLES REACH TARPON SPRINGS, FL 34688 US	Mailing Address 1579 EAGLES REACH TARPON SPRINGS, FL 34688 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 2621	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL		City & State	
Zip 34688	Country USA		

09052007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent DEL FUOCO, JEFFREY J 1579 EAGLES REACH TARPON SPRINGS, FL, FL 34688		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 JEFFREY J. DEL FUOCO	DATE 9/5/07

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL FUOCO, JEFFREY J 1579 EAGLES REACH TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109588919 09/18/07--01059--020 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL FUOCO, CARLA J 1579 EAGLES REACH TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 BLT
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
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 REINSTATEMENT 2006-2007
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: JEFFREY J. DEL FUOCO	DATE 9/5/07 727/560-7048