## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L56410

Entity Name: MCDERMOTT MANAGEMENT, INC.

FILED Oct 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3269 SW 42ND AVENUE PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

3269 SW 42ND AVENUE 5539 SE PARAMOUNT DR PALM CITY, FL 34990 US STUART, FL 34997 US

FEI Number: 65-0181417 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDERMOTT, ROCHELLE
822 S FEDERAL HWY
STUART, FL 34994 US
MCDERMOTT, ROCHELLE
2916 SW MAPP RD
PALM CITY, FL 34990 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: ROCHELLE MCDERMOTT 10/30/2004

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: PS () Delete
Name: MCDERMOTT, ROCHELLE,
Address: 3269 SW 42ND AVENUE

City-St-Zip: PALM CITY, FL

 Title:
 VT
 ( ) Delete

 Name:
 MCDERMOTT, WILLIAM,

 Address:
 3269 SW 42ND AVENUE

City-St-Zip: PALM CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MCDERMOTT, ROCHELLE
Address: 3269 SW 42ND AVENUE

City-St-Zip: PALM CITY, FL

Title: VT (X) Change ( ) Addition

Name: MCDERMOTT, WILLIAM Address: 3269 SW 42ND AVENUE City-St-Zip: PALM CITY, FL 34990

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: ROCHELLE MCDERMOTT PS 10/30/2004