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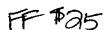
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 5, 2005

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Regarding my registration as a Foreign Limited Liability Company, please note the following change to both my Principal Address and Mailing Address:

Principal Address

Old: 588 Candlelight Dr, Bozeman, MT 59718 New: 2020 Charlotte, Suite 2, Bozeman, MT 59718

Mailing Address

Old: 588 Candlelight Dr., Bozeman, MT 59718 New: PO Box 3761, Bozeman, MT 59772

Please contact me if you have any questions.

Thank, you,

M. Karen Bakos

Registered Agent/Owner

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: REALITRADE 2. The mailing address of the limited liability company is: MT 59772 MD5 000000749 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Name 33 RD Florida street address (P.O. Box NOT acceptable) APE CORAL FL 33904-422 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ignature of a member or authorized representative of a member)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chaptey 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

INHS18(10/99)