2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# N03000000394

Entity Name: TREES OF KNOWLEDGE MUSIC, INC.

Current Principal Place of Business:

18510 BURRELL RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

18510 BURRELL RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 02-0664716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVILA, OMAR
18510 BURRELL RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: OMAR DAVILA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RODRIGUEZ, FRANKIE
Address: 18510 BURRELL RD
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: TORO, ENRIQUE
Address: 18510 BURRELL RD.
City-St-Zip: ODESSA, FL 33556

Title: VTD ( ) Delete
Name: DAVILA, OMAR
Address: 18510 BURRELL RD.
City-St-Zip: ODESSA, FL 33556

Title: PSD ( ) Delete
Name: DAVILA, ERNESTO
Address: 18510 BURRELL RD.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO DAVILA PSD 10/18/2006
Electronic Signature of Signing Officer or Director — Date