2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005708

Oct 22, 2006 Secretary of State

Entity Name: BRAZILIAN CULTURAL ARTS EXCHANGE INC.

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

2600 SW WILLISTON RD. 601 S. MAIN ST.

APT. 1703 GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

P.O. BOX 12765

GAINESVILLE, FL 32604 US

FEI Number: 20-0104769 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:

MORSE, GAVIN
2600 SW WILLISTON RD
APT. 1703

MORSE, GAVIN
1614 NW 19TH CIRCLE
GAINESVILLE, FL 32605 US

GAINESVILLE, FL 32608 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: GAVIN MORSE 10/22/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change() Addition

 Name:
 MORSE, GAVIN B
 Name:
 MORSE, GAVIN B

 Address:
 2600 SW WILLISTON RD., APT. 1703
 Address:
 1614 NW 19TH CIRCLE

City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32605

 Address:
 213 NW 8TH ST., APT 2
 Address:
 PO BOX 1116

 City-St-Zip:
 GAINESVILLE, FL 32601 US
 City-St-Zip:
 GAINESVILLE, FL 32602 US

Title: S () Delete Title: VP (X) Change () Addition

 Name:
 COHEN, ELANA F
 Name:
 PORTO, WELLINGTON

 Address:
 2600 SW WILLISTON RD., APT. 1703
 Address:
 747 SE 2ND PLACE #8

 City-St-Zip:
 GAINESVILLE, FL 32608 US
 City-St-Zip:
 GAINESVILLE, FL 32601 US

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 BYAM, GABRIELLE S
 Name:
 BYAM, GABRIELLE S

 Address:
 1414 NW 7TH ST
 Address:
 1414 NW 7TH ST

City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip: GAINESVILLE, FL 32601 US

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: GAVIN MORSE P 10/22/2006