2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006064

FILED Nov 21, 2006 Secretary of State

Entity Name: SISTER CITIES OF NEW PORT RICHEY, INC.

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

5628 MAIN STREET 5614 GRAND BLVD.

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5628 MAIN STREET 5614 GRAND BLVD

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

ALTMAN, ROBERT N ALTMAN, ROBERT N 5628 MAIN STREET 5614 GRAND BLVD.

NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 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: ROBERT N. ALTMAN 11/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ALTMAN, ROBERT N
 Name:
 ALTMAN, ROBERT N

 Address:
 5628 MAIN STREET
 Address:
 5614 GRAND BLVD.

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

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

 Name:
 ALTMAN, PETER A
 Name:

 Address:
 5628 MAIN STREET
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

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

 Name:
 STEWART, MAXINE
 Name:

 Address:
 5435 MAINT ST
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 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: ROBERT N. ALTMAN O 11/21/2006