2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2005
Secretary of State

DOCUMENT# N04000001091

Entity Name: GOD'S HOUSE COGIC, INC.

Current Principal Place of Business:

6239 EDGEWATER DR., SUITE V4
ORLANDO, FL 32810

New Principal Place of Business:

7018 FORREST CITY RD
ORLANDO, FL 32810

Current Mailing Address:

550 BIRCH CT.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

7018 FORREST CITY RD
ORLANDO, FL 32810

FEI Number: 04-3782345 **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:

WEEKS, VALERIA
550 BIRCH CT.
ALTAMONTE SPRINGS, FL 32714 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: VALERIA A. WEEKS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: BUTTS, RICHARD A
Address: 412 MONTICELLO DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT ( ) Delete
Name: WEEKS, VALERIA
Address: 550 BIRCH CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST ( ) Delete
Name: REESE, DEBRA
Address: 6317 DELTA LEAH DR.
City-St-Zip: ORLANDO, FL 32808

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA WEEKS DT 10/28/2005

Electronic Signature of Signing Officer or Director — Date