2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# N05000000178

Entity Name: THE P FACTORS INC.

Current Principal Place of Business:

5371 SHADYWOOD LN
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5371 SHADYWOOD LN
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 11-3741311 **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:

POWELL, PAM
5371 SHADYWOOD LN
ORLANDO, FL 32819 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: PAM POWELL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	POWELL, PAM	
Address:	5371 SHADYWOOD LN	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	VP	( ) Delete
Name:	POWELL, LEROY JR	
Address:	5371 SHADYWOOD LN	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	CHR	( ) Delete
Name:	POWELL, PAM	
Address:	5371 SHADYWOOD LN	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	DIR	( ) Delete
Name:	POWELL, LEROY	
Address:	5371 SHADYWOOD LN	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	DIR	( ) Delete
Name:	POWELL, CANDACE	
Address:	1980 ERVING CIR. #11-103	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	DIR	( ) Delete
Name:	GOLDEN, MARIO	
Address:	8126F ANISE GROVE LN	
City-St-Zip:	ORLANDO, FL 32818 US	

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:		
Title:	DIR	(X) Change ( ) Addition
Name:	POWELL, CANDACE	
Address:	P. O. 466	
City-St-Zip:	WINDERMERE, FL 34786 US	
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: PAM POWELL V 10/09/2006
Electronic Signature of Signing Officer or Director — Date