

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 23, 2006
Secretary of State**

DOCUMENT# N05000000494

Entity Name: H2ORBIT A NON-PROFIT CORPORATION

Current Principal Place of Business:

2436 NORTH FEDERAL HWY., #348
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

2400 SE SHIPPING RD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2436 NORTH FEDERAL HWY., #348
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 20-3415405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

CHARLES C. MCGOWEN
2400 SE SHIPPING RD
PORT ST LUCIE, FL 34952 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: CHARLES C MCGOWEN 10/23/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: CHARLES C MCGOWEN,
Address: 2436 NORTH FEDERAL HWY., #348
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Change (X) Addition
Name: JOHN R MANN,
Address: 2436 NORTH FEDERAL HWY., #348
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Change (X) Addition
Name: JAMES D SHOEMAKER,
Address: 2436 NORTH FEDERAL., #348
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: CHARLES C MCGOWEN D 10/23/2006
Electronic Signature of Signing Officer or Director Date