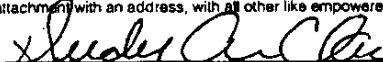


FILED
May 24, 2006 8:00 am
Secretary of State

66017183

DOCUMENT # N05000003146				04-27-2006 90157 009 ****70.0	
1. Entity Name E EVANS TROUBLED TEENS, INC.					
Principal Place of Business 1360 NE 175 ST CITRA, FL 32113			Mailing Address PO BOX 1057 CITRA, FL 32113		
2. Principal Place of Business 1539 NE 22 Ave #C			3. Mailing Address PO Box 1057		
Suite, Apt. #, etc. C			Suite, Apt. #, etc.		
City & State OCALA, FL			City & State Citra, FL		
Zip 34470			Country USA		
4. FEI Number 202976524			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAMSEY, WILLIAM 6315 SE US HWY 301 HAWTHORNE, FL 32640			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
8. 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. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE			DATE		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Indy Clark PO BOX 1075 / 1360 NE 175 ST Citra, FL 32113 OFFICER			Indy Clark PO BOX 1075 / 1360 NE 175 ST Citra, FL 32113 OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above Director			Same as Above Director		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above Secretary			Same as Above Secretary		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above			Same as Above		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above			Same as Above		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above			Same as Above		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Same as Above			Same as Above		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			352 x 4-25-06 x 622-4487		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		