2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# N05000005857

Entity Name: AFTER THOUGHTS INC.

Current Principal Place of Business:

10599 NAPOLEON CT
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10599 NAPOLEON CT
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

WHITE, SHARON
10599 NAPOLEON CT
JACKSONVILLE, FL 32221 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: SHARON WHITE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITE, SHARON
Address: 10599 NAPOLEON CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: V ( ) Delete
Name: GLOSTER, KENT
Address: 10599 NAPOLEON CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD ( ) Delete
Name: UDOM, LORRI
Address: 10599 NAPOLEON CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: S ( ) Delete
Name: REYNOLDS, AGNES
Address: 10599 NAPOLEON CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: SHING, DAVID
Address: 10599 NAPOLEON CT
City-St-Zip: JACKSONVILLE, FL 32221

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: ( ) 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: SHARON WHITE CEO 10/09/2006
Electronic Signature of Signing Officer or Director — Date