

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006918

FILED
Sep 22, 2006
Secretary of State

Entity Name: DEPARTMENT OF FORECLOSURE PREVENTION INC

Current Principal Place of Business:

12040 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

1240 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

3204 ALTERNATE 19 NORTH
PALM HARBOR, FL, FL 34683 US

FEI Number: 20-3498496 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:

DREW, KELLY
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ORSATTI, CHAD T
3204 ALTERNATE 19 NORTH
PALM HARBOR, FL 34683 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: CHAD T. ORSATTI

09/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, JASON
Address: 531 LYNTHURST STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: BODIN, RACHEL
Address: 15115 BUCKHORN COURT #304
City-St-Zip: LUTZ, FL 33559 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WATERS, AMY J
Address: 8202 SOLANO BAY LOOP #321
City-St-Zip: TAMPA, FL 33635 US

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: JASON D. ADAMS

MGRM

09/22/2006

Electronic Signature of Signing Officer or Director

Date