2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700000667 May 15, 2000 8:00 am Secretary of State GET A LIFE-GIVE A LIVING PLUS KIDS PROJECT INC. 04-18-2000 90180 033 ****61.25 Principal Place of Business Mailing Address 6861 447H-91 N BLDS 3 WNIT 3010 PINELEAS PK FL 33781 7534 35TH AVE., N. ST, PETERSBURG FL 33710-1214 2. Principal Place of Business 3. Mailing Address 35 th AV. N. 7534 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt #, etc. City & State City & State Applied For 4. FEI Number 59-3425704 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NAVES, EUGENE M 7534 35TH AVE., N. ST. PETERSBURG FL 33710 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 * OFFICERS AND DIRECTORS 11. 10. PTD TITLE Delete TITLE NAME NAME NAVES, EUGENE M STREET ADDRESS STREET ADDRESS 7534 35TH AVE., N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 DS TITLE VICE Presiden Change XX Addition TITLE Delete O'BRIEN, PATRICE COPLEY NAME STREET ADDRESS 7360 ULMERTON ROAD #27A STREET ADDRESS 33710 CITY-ST-ZIP CUTY-ST-ZIP LARGO FL 33771 YITI F Addition TITLE Delete LOEDING, BARBARA L NAME NAMA STREET ADDRESS STREET ADDRESS 510 KINDSWAY RD CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** Delete Addition TITLE Change TITLE NAME KNIGGE, JAN D NAME 5220 BRITLANDY DR. SO. #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33715 Defete Change Addition 7378 F NAME WALLIN, DIANE NAME STREET ADDRESS STREET ADDRESS 324 CARL AVE CITY-ST-ZIF CITY-ST-ZIP BELLEAIR FL 34616 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

4-12-00 727.343-8034

SIGNATURE: LUGSUM MANAGE / CESTATESTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Description Property Desc