


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -2 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/02/03--01049--010 \*\*300.00

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 17053022069019 1. Corporation Name <i>a change for the better, Inc</i> <i>NA7000003284</i>	
2. Principal Office Address <i>5821 NW 28 ST</i> Suite, Apt. #, etc.	3. Mailing Office Address  Suite, Apt. #, etc.
City & State <i>Lauderhill FL</i> Zip <i>33313</i>	City & State  Zip  Country <i>BROWARD</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>4-21-99</i>	
5. FEI Number <i>65-0762508</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>GARY SPEAR</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>5455 N. FEDERAL HIGHWAY</i>		
Suite, Apt. #, Etc. <i>SUITE I</i>		
City <i>BOCA RATON</i>	State <i>FL</i>	Zip Code <i>33487</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <i>Susan Spaw</i>	Date <i>4-20-03</i>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SUSAN SPAW	7810 NW 29 ST	MARGATE FL 33063
T	WILLIAM SPAW	7810 NW 29 ST	MARGATE FL 33063
S	CHRISTIAN SPAW	2629 NW 6	MARGATE FL 33063

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <i>Susan Spaw</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>April 20, 2003</i> Daytime Phone #

815/5

April 20, 2003

I spoke to someone today to enquire about the status of X Change for the Buller Inc. and I was informed that the corporate papers had not been filed for last year as well as this year. Our attorney was our registered agent and he moved his office. I was told to mail a check for \$200.00 and I am asking you to please waive penalties.

Sincerely,  
Susan Spaw  
954-777-0038