2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2005
Secretary of State

DOCUMENT# N97000005648

Entity Name: CONSUMER FRAUD AWARENESS, INC.

Current Principal Place of Business:

2050 COLLIER AVE
STE 101
FORT MYERS, FL 33901

New Principal Place of Business:

15821 COUNTRY COURT
FORT MYERS, FL 33912

Current Mailing Address:

2050 COLLIER AVE
STE 101
FORT MYERS, FL 33901

New Mailing Address:

15821 COUNTRY COURT
FORT MYERS, FL 33912

FEI Number: 65-0785727 **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:

PETRUCCELLI, D.J.
7234 DRAKE DRIVE, S.W.
FORT MYERS, FL 33908 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: PETRUCCELLI D. J.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCOFIELD, SANDI
Address: 4227 S.W. 21ST PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: STANLEY, JAMES
Address: 1134 WINGED FOOT CIRCLE WEST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST ( ) Delete
Name: RIZZO, VINCENT D
Address: 2050 COLLIER AVE STE 101
City-St-Zip: FORT MYERS, FL 33901

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDI SCOFIELD D 10/12/2005
Electronic Signature of Signing Officer or Director — Date