2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 16, 2007 8:00 am Secretary of State

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DOCUMENT # N9900006520 1. Entity Name SOFT NETWORK USERS GROUP, INC.								۸ ۱۱	04-16-20 UDB	007 90	333 00	9 ****6	1.25
Principal Place 34350 US HI PALM HARBO	GHWAY 19 I	- 146 2 - 31E. 3	Mailing Address 146 2ND ST. N STE. 310 SAINT PETERSBURG, FL 33701						1 1 1 		11 8 111 9 11811 81 11		
		ness - No P.O. Box #	P. 54										
Suite, Apt. #, etc.			ATT	Suite, Apt. #, etc. ATTN: LEGAL DEPT.				01232007	Chg-NP	C	CR2E037	7 (12/06)	
City & State				CLEARWATER, F				4. FEI Numb 59-363	36822			No	oplied For ot Applicable
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	b. Name	and Address of Curren	it Registered	Agent		None			d Address of N		stered A	gent	
146 2ND ST.N						<u> </u>	<i>R∈2</i> ddress (ONAL Doer is Not Accep				
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						City.	- Pe	ETERS	BURE	_	FL	Zip Coo	701
	named entitions of regist	y submits this statement	for the purpo	ose of changing its	registere	ed office o	r register	red agent, or b	oth, in the State	of Florida	a. Iam fa	amiliar with,	and accept
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SIGNATURE	Juna	or printed name of registered ager		NALO P.			ture required	d when reinstating)		2/0	DATE	7	
(Signature, typed	us).49			: Registered	d Agent signet	ture required	\$5.00 May Added to Feet	Be	Make	DATE check	payable to	
(Signature, typed	or printed name of registered ager	nt and title if appli	9. Election Carr	: Registered	d Agent signet	<u> </u>	\$5.00 May Added to Fee	Be	Make Florida	DATE check Departs	payable to	tate
SIGNATURE	Signature, typed Filling Fe Due by N P LOCKWO 32-57 HEI	or printed name of registered ager the Is \$61.25 May 1, 2007	nt and title if appli	9. Election Carr	npaign F Contributi 11. TITLE NAMI	d Agent signat Financing ion.	P J CS	\$5.00 May Added to Feel ADDITIONS/CI BORN	Be S HANGES TO OF	Make Florida FICERS	DATE check Departs	payable to	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

asborn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/25/07

Date

330-543-8691

Jayme OSborn President