


**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000010186</b>		
<b>1. Entity Name</b> MITCH REEVES SCREENING, INC.		
<b>Principal Place of Business</b> 5044 9TH STREET ZEPHYRHILLS, FL 33542	<b>Mailing Address</b> 5044 9TH STREET ZEPHYRHILLS, FL 33542	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>		
REEVES, MITCHELL A 5044 9TH STREET ZEPHYRHILLS, FL 33542		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	
NAME	REEVES, MITCHELL A	
STREET ADDRESS	5044 9TH STREET	
CITY - ST - ZIP	ZEPHYRHILLS, FL 33542	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., as amended, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> _____ <i>Mitchell Reeves</i> <b>Mitchell Reeves</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		