2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000013089

City-St-Zip: CORAL SPRINGS, FL 33065

Entity Name: ALKING, INC

FILED Oct 09, 2005 Secretary of State

Entity Nai	me: ALKING,	INC.			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
3724 NE 1 POMPANO	8TH TER O BEACH, FL	33064			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
3724 NE 1 POMPANO	8TH TER O BEACH, FL	33064			
FEI Number	: 65-1019248	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1750 UNIV	I, ROBERT D I /ERSITY DR # PRINGS, FL 3	108			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: ROBERT	LETTMAN			
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (RHOADES, CL 8937 NW 45TH CORAL SPRIN	l CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (RHOADES, GU 9362 NW 92 T		Title: Name: Address:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON RHOADES P 10/09/2005