2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000015490

Entity Name: FLAGSHIP CAPITAL CORPORATION

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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4231 WALNUT BEND 8601 YOUNGERMAN CT SUITE 1 SUITE 1-C

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

4231 WALNUT BEND 8601 YOUNGERMAN CT

SUITE 1-C SUITE 1 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32244

FEI Number: 59-3624190 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:

MORGAN, JAMES L 2259 OSCEOLA FOREST CT. JACKSONVILLE, FL 32259

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: JAMES L. MORGAN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TSD Title: () Delete Title: (X) Change () Addition

MORGAN, JAMES L Name: Name: MORGAN, JAMES L 2259 OSCEOLA FOREST CT. 2259 OSCEOLA FOREST CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 US

Title: PD Title: () Delete (X) Change () Addition

Name: WATSON, JOHN F Name: SOLAROLI, ALBERTO

2739 DANA POINTE 2870 SR 13 N Address: Address:

PINCKNEY, MI 48169 JACKSONVILLE, FL 32259 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

SOLAROLL, ALBERTO Name: Name: 4398 CONCESSION RD., #1 Address: Address: City-St-Zip: NEW CASTLE ONTARIO CANADA, L1B1L9 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES L. MORGAN TSD 04/21/2006