2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# P00000029425

Entity Name: CEL ENTERPRISES, INC.

Current Principal Place of Business:

162-1 SAN MARCO AVE.
STE 1
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

162-1 SAN MARCO AVE.
STE 1
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3645873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, EARL W JR
27 COTTONWOOD TRAIL
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

LONG, AARON S
11 LONDONDERRY
PALM COAST, FL 32137 US

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: AARON S. LONG 09/19/2005
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:

Title: CEO ( ) Delete
Name: LONG, EARL W JR
Address: 27 COTTONWOOD TRAIL
City-St-Zip: PALM COAST, FL 32137

Title: P ( ) Delete
Name: LONG, AARON S
Address: 11 LONDONDERRY DR
City-St-Zip: PALM COAST, FL 32164

Title: VP ( ) Delete
Name: LONG, JENNIFER J
Address: 11 LONDONDERRY DR
City-St-Zip: PALM COAST, FL 32164

Title: S/T ( ) Delete
Name: LONG, CYNTHIA R
Address: 27 COTTONWOOD TRAIL
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: LONG, EARL W JR
Address: 11 LONDONDERRY
City-St-Zip: PALM COAST, FL 32137

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

SIGNATURE: AARON S. LONG P 09/19/2005
Electronic Signature of Signing Officer or Director Date