
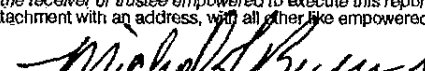


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074345 1. Entity Name BYRNE ACCESS, INC.		Apr 16, 2005 08:00 A Secretary of State	
Principal Place of Business 7954 LAKE GENEVA LN KEYSTONE HEIGHTS, FL 32656		Mailing Address 7954 LAKE GENEVA LN KEYSTONE HEIGHTS, FL 32656	
DO NOT WRITE IN THIS SPACE		 04112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3677135	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRNE, MICHAEL J SR 7954 LAKE GENEVA LANE KEYSTONE HEIGHTS, FL 32656		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="border: 1px solid black; padding: 10px; height: 150px;">DO NOT WRITE IN THIS SPACE</div>	
TITLE	PTSD		
NAME	BYRNE, MICHAEL J		
STREET ADDRESS	7954 LAKE GENEVA LANE		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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.			
SIGNATURE: 		4-11-05 352-473-0185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	