2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 08:00 AM P00000089094 DOCUMENT# 1. Entity Name **Secretary of State** VERONICA'S HEAVENLY BITS, INC. Principal Place of Business Mailing Address 5164 CLARION OAKS DRIVE 5164 CLARION OAKS DRIVE ORLANDO FL ORLANDO FL 32808 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3677030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSEY JANICE 5164 CLARION OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL32808 Zip Code 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. 03/20/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME DORWAY DAVID NAME DORWAY DAVID STREET ADDRESS 6304 RALEIGH ST APT #211 STREET ADDRESS 6304 RALEIGH ST APT #211 CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ORLANDO 32835 D ☐ Delete TITLE CFO X Change NAME TAYLOR LLOYD NAME TAYLOR LLOYD STREET ADDRESS 12442 SHEELER HILLS DRIVE STREET ADDRESS 12442 SHEELER HILLS DRIVE CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP APOPKA FL32703 Delete TITLE coo X Change ☐ Addition BERNARD JONES NAME JONES BERNARD STREET ADDRESS 6409 WEST GATE DRIVE APT #210 STREET ADDRESS 6409 WEST GATE DRIVE APT #210 CITY-ST-ZIP ORLANDO 32835 CITY-ST-ZIP ORLANDO FL. 32835 ☐ Delete TITLE Change ☐ Addition MASSEY NAME STREET ADDRESS 5164 CLARION OAKS DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO 32808 CITY-ST-ZIP TITLE D Delete TITLE CEO X Change ☐ Addition MASSEY JANICE NAME MASSEY JANICE STREET ADDRESS 5164 CLARION OAKS DRIVE STREET ADDRESS 5164 CLARION OAKS DRIVE CITY-ST-ZIP ORLANDO 32808 CITY-ST-ZIP ORLANDO FL32808 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __Janice Massey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2001 Daytime Phone #

Date