

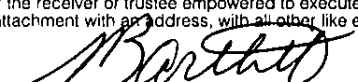


**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000106068</b> 1. Entity Name <b>ROY BARTLETT, INC.</b>			April 10, 2008 08. <h2 style="margin: 0;">Secretary of State</h2>				
Principal Place of Business <b>373 3RD AVENUE MARCO ISLAND, FL 34145</b>		Mailing Address <b>373 3RD AVENUE MARCO ISLAND, FL 34145</b>					
DO NOT WRITE IN THIS SPACE							
		  04082008    No Chg-P    CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number <b>65-1056355</b></td> <td style="width: 20%;">Applied For <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Not Applicable</td> </tr> </table>		4. FEI Number <b>65-1056355</b>	Applied For <input type="checkbox"/>	Not Applicable	
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Not Applicable							
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BARTLETT, SUSANNE E 373 3RD AVE MARCO ISLAND, FL 34145</b>		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS		000000R900034 04/22/08-80081-001 150.00					
TITLE	<b>PSD</b>						
NAME	<b>BARTLETT, ROY F</b>						
STREET ADDRESS	<b>373 3RD AVENUE</b>						
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>						
TITLE	<b>T</b>						
NAME	<b>BARTLETT, SUSANNE E</b>						
STREET ADDRESS	<b>373 THIRD AVE</b>						
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
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NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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							
<b>SIGNATURE:</b>  <b>Susanne Bartlett (T)</b> 4-808 239-404-5654							