

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000005164

FILED  
Oct 11, 2006  
Secretary of State

**Entity Name:** CAMBRIDGE FINANCIAL SERVICES INC.

**Current Principal Place of Business:**

1617 N. FLAGLER DRIVE  
SUITE 3A  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

1617 N. FLAGLER DRIVE  
SUITE 3A  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPOONER, DOUGLAS C  
1617 N. FLAGLER DRIVE  
SUITE 3A  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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: DOUGLAS SPOONER

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: SPOONER, DOUGLAS C  
Address: 1617 N. FLAGLER DRIVE, SUITE 3A  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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 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: DOUGLAS SPOONER

CEO

10/11/2006

Electronic Signature of Signing Officer or Director

Date