2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000008038 DOCUMENT # 1. Entity Name 03-17-2003 90128 028 ***150.00 MINDSET INTERNATIONAL, INC. Principal Place of Business Mailing Address 1220 S. BROAD ST. 11186 SPRING HILL DR. 10039073 BROOKSVILLE FL 34609 SUITE 232 **BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address 18251 OXAG Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES Hill Drive City & State City & State 4. FEI Number Applied For 59-3744100 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "ACKERMAN," KENNETH M O. Box Number is Not Acceptable) 18315 OXENHAM AVE DXenha SPRING HILL FL 34610 8. The above named entity subjects 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE ☐ Addition CO/01/ 15/02/ Miller Frederick D MILLER, FREDERICK D NAME NAME 18251 0x 2000 101 STREET ADDRESS 18315 OXENHAM AVE STREET ADDRESS SPring Hill, 126 34610 CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP TITLE DVT ☐ Delete Change Change ☐ Addition YOUNGBERG, JANE C NAME NAME 251 OXENHAM AVE STREET ADDRESS 18315 OXENHAM AVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP TITLE ☐ Delete TITLE Change 18251 0x 4563 m 104 Addition NAME ACKERMAN, KENNETH M----NAME - --STREET ADDRESS 18315 OXENHAM AVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered. ETH ACK-erman 3/11

12. 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 10 or Block 11 if

CITY-ST-ZIP

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