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June 6, 2001

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: American Pride Exteriors, Inc., Document No. P01000022281

Resignation of Mitch B. Shepherd

Dear Madam or Sir:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, as well as an Affidavit of Resignation of Officer and/or Director. Also enclosed is our firm trust account check in the amount of \$70 to cover the cost of these two filings.

Sincerely,

Pat Shane

Legal Assistant

PAS Enclosure O1 JUN -8 PH 1: 49
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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N. 013

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is: American Pride Exteriors, Inc.	
1b. Date of incorporation March 1, 2001 Document number P01000022281	
2. The name and address of the current registered agent and office: Mitch B. Shepherd, 12237 Peach Orchard Drive, Jacksonville, FL 322	223
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) L. George Stockho, 3090 N.E. 106th Street, Anthony, 253 32617	
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. SIGNATURE Typed or printed name and title	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	
SIGNATURE Slonge Tolkus DATE (1/0) Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) FILING FEE: \$35.00