


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000061562</b> 1. Entity Name NEAT -N- TIDY VENTURES, INC.	
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Principal Place of Business P. O. BOX 90992 LAKELAND, FL 33803 US	Mailing Address P. O. BOX 90992 LAKELAND, FL 33803 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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12192006 REIN-P CR2E098 (11/05)

City & State	4. FEI Number 59-3727725
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Zip	Country	Zip	Country
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Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COOK, BERNIE 206 LAKE HARRIS DRIVE LAKELAND, FL 33803
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7. Name and Address of New Registered Agent Name <u>DELENE DEMETER</u> Street Address (P.O. Box Number is Not Acceptable) <u>6920 Hwy 98N</u> <u>LAKELAND</u> City <u>FL</u> Zip Code <u>33809</u>
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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 D. DEMETER DATE 12/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             P                              NOEL, WILLIAM JR.                              PO BOX 90992                              LAKELAND, FL 33804                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	P NOEL, WILLIAM JR. PO BOX 90992 LAKELAND, FL 33804	<input type="checkbox"/> Delete		
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<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             S                              DEMETER, ELLEN D                              PO BOX 90992                              LAKELAND, FL 33804                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	S DEMETER, ELLEN D PO BOX 90992 LAKELAND, FL 33804	<input type="checkbox"/> Delete	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             [Empty]                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	[Empty]	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             000092837800                              12/28/06--01058--007 **158.75                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> </table>	000092837800 12/28/06--01058--007 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.

SIGNATURE: D. DEMETER DATE 12/19/06 DAYTIME PHONE # 863-853-6946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/200