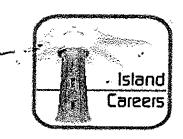
Daytime Phone #

FOR PROFIT CORPORATION (UBR)

SIGNATURE:

SIGNATURE AND TYPED

- FILED DOCUMENT # 1 P01000062961. 1. Entity Name 02 NOV 15 PM 6: 37 Island Careers, Inc SEUNLIARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
TITL DOOMNOT 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe munal Applied For Not Applicable Country Zip Country \$8.75 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. SIGNATURE Signatu and title if applicable 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE Vresident NAME CR2E034B (12/01 700008569747 10/24/02--01045--020 **150.00 Xondna NAME STREET ADDRESS STREET ADDRESS word mont CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Trua Hendrus NAME STREET ADDRESS 7112 Woodmont Ale STREET ADDRESS CITY-ST-ZIP Tommer CITY-ST-ZIP TITLE Muhille benda TITLE NAME THIZ Woodmont Ave NAME STREET ADDRESS Tomores & 33321 STREET ADDRESS CITY - ST - ZIP DO NOT WRITE CITY_ST-ZIP_ IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or on an



Island Careers, Inc. TM

P.O Box 451914. Sunrise, FL 33345. Tel. (954) 726-1018 Fax (954) 726-2482. Email: Admin@IslandCareers.com

9/11/02

Dear Sir/Madam:

I am sending this note because I noticed that I did not receive anything in the mail regarding updating my corporation. I finally spoke with someone who advised me to call your office. I called your office a few days ago and the representative informed me that I should write this letter and let you know that I had not received anything in the mail from your office. He told me to submit this form along with a check for 150.00.

Enclosed in this package is a check for 150.00 and my application for renewal. I look forward to your response.

Respectfully,

Kandria Hendricks

Owner