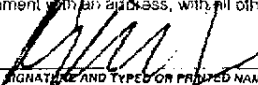


FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000074099						Secretary of State																																									
1. Entity Name MINOA CORPORATION																																															
Principal Place of Business 1318 LAFAYETTE STREET CAPE CORAL, FL 33904				Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904																																											
2. Principal Place of Business				3. Mailing Address																																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01062006 Chg-P CR2E034 (11/05)																																							
City & State				City & State				4. FCI Number 65-1126081		☐ Applied For ☐ Not Applicable																																					
Zip		Country		Zip		Country		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00						9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																									
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PSD BURGGRAF, BARBARA 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VTD BURGGRAF, KLAUS 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr></table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BURGGRAF, BARBARA 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BURGGRAF, KLAUS 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr></table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 						U000000446014 03/07/06-80071-012 150.00 2-21-06 239-549-2444																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Signature Phone #																																									