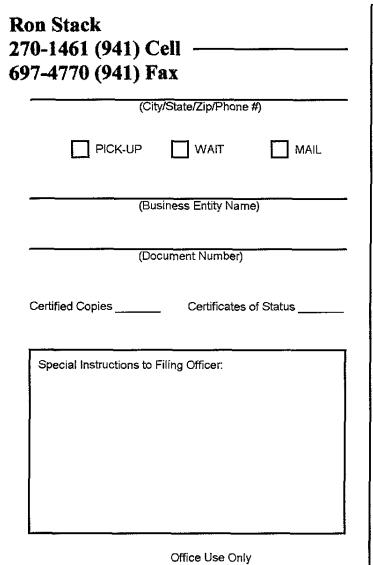
P0100094949

ACTIVITY Realty Co.





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09/22/04--01006--008 **35.00

LLAHASSEE, FLORI

FILED

COVER LETTER

COVER LETTER
TO: Amendment Section Division of Corporations SUBJECT: PCTIVITY REPLY CO.
SUBJECT: ACTIVITY REPLY CO. (Name of corporation)
DOCUMENT NUMBER: PO 1 0 0 0 0 9 4 9 4 9
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of contact person)
PKTIVITY REACTY CO. (Firm/Company)
83 MARINER COV. (Address)
ROTONOM, FZ 33947 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (94/) 270-146/ (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2004

RON STACK ACTIVITY REALTY CO. 83 MARINGER LN ROTONDA, FL 33947

SUBJECT: ACTIVITY REALTY CO.

Ref. Number: P01000094949

We have received your document for ACTIVITY REALTY CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 904A00056782

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, this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DC7ZVZ7Y RE9927Y CU,
2. The principal office address: 340/-/2/ S. W. 40/7 BCVD.
GADISUILE, FL 32608
3. The mailing address (if different): 83 MARTHE CN.
ROTONDA, FL 33947
4. Date of incorporation/qualification: Document number: P0/00094949
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Real STAGE ROMAND J. SMCK TR
202 WEST CAK ST, SUITE 206
ARCAOIA, FL 34266
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HOW STARE KONALD J. STARK JR.
340/-12/ S. W. 40M BLUD, (P.O. BOX NOT acceptable)
GADITSUNIE, FL 32608
The street address of its registered office 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, or the corporation has been notified in writing of the change.
(Separature of an orricer of direction) RON STALL, PRES, (Printed or typed name and title)
Thereby 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
ACIANTY ROMTY CO.
(Typed or Printed Name) AT T T T S T S T S T S T T S T T S T T T S T
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314