

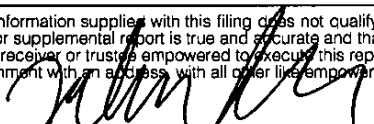


FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000107400			
1. Entity Name HIGH MARK ASSOCIATES, INC.			
Principal Place of Business 2000 E EDGEWOOD DR. SUITE 109 LAKELAND, FL 33803 US		Mailing Address P O BOX 24748 LAKELAND, FL 33802 US	
DO NOT WRITE IN THIS SPACE			
		04122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3755329	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			
PUTNAM, ABEL A 500 S. FLORIDA AVE., STE. 300 LAKELAND, FL 33801		DO NOT WRITE IN THIS SPACE	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD WELLS, MARK R 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV PENNACHIO, JOHN 2000 E EDGEWOOD DR., STE 109 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD WISEMAN, KENNETH R 2000 E. EDGEWOOD DR., STE 109 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4-24-07 863-682-863	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	