

P02000003063

(Declarant's Name)

WAYNE PEARSALL
ATTORNEY AT LAW
P.O. BOX 392
AMHERST, OHIO 44001

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Midnight Mermaid, Inc.
2. The principal office address: 955 W. St. Clair Avenue, #1212
Cleveland, OH 44113
3. The mailing address (if different): P.O. Box 392
Amherst, OH 44001
4. Date of incorporation/qualification: 1/21/2002 Document number: P02000003063
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Wayne Pearsall

2506 Azeele Street

Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

W. Dale Gabbard

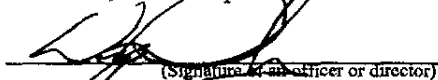
3609 W. Azeele Street

(P.O. Box or personal mailbox NOT acceptable)

Tampa, FL 33609

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.


(Signature of an officer or director)

WAYNE PEARSALL, PRESIDENT
(Printed or typed name and title)

I hereby 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)

5/19/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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