2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P02000015421

Entity Name: I2 INVESTMENT PARTNERS, INC

Current Principal Place of Business:

5323 OVERBROOK DRIVE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

7250 OLD REDMOND ROAD
#E120
REDMOND, WA 98052

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDSMITH, VERA
5323 OVERBROOK DR
MILTON, FL 32570 US

Name and Address of New Registered Agent:

GOLDSMITH, CARMEN
5323 OVERBROOK DR
MILTON, FL 32570 US

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.

SIGNATURE: CARMEN GOLDSMITH 04/08/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WEST, MONA
Address: 7250 OLD REDMOND RD, #E120
City-St-Zip: REDMOND, WA 98052

Title: VD ( ) Delete
Name: GOLDSMITH, VERA
Address: 5323 OVERBROOK DR
City-St-Zip: MILTON, FL 32570

Title: SD (X) Delete
Name: GOLDSMITH, CARMEN
Address: 5323 OVERBROOK DR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOLDSMITH-WEST, MONA
Address: 7250 OLD REDMOND RD, #E120
City-St-Zip: REDMOND, WA 98052

Title: D (X) Change ( ) Addition
Name: WEST, DENMARK
Address: 25 BROAD ST #16C
City-St-Zip: NEW YORK, NY 10004

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA GOLDSMITH-WEST PD 04/08/2005
Electronic Signature of Signing Officer or Director Date