2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P02000022165

Entity Name: TANTALIZING, INC.

Current Principal Place of Business:

351 3RD STREET NORTHWEST
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

351 3RD STREET NORTHWEST
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 02-0557313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ANDREA C
3526 OAK GROVE COURT
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

WILLIAMS, ANDREA C
351 3RD STREET NORTHWEST
WINTER HAVEN, FL 33881 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: ANDREA C WILLIAMS 10/06/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, ANDREA C
Address: 3526 OAK GROVE STREET
City-St-Zip: HAINES CITY, FL 33844

Title: VSTD ( ) Delete
Name: WILLIAMS, ROBERT E JR.
Address: 3526 OAK GROVE STREET
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, ANDREA C
Address: 250 BRIGHAM RD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, BOBBY
Address: 351 3RD STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

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: ANDREA C WILLIAMS PD 10/06/2005
Electronic Signature of Signing Officer or Director Date