


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000040060		
1. Entity Name AIKEN OFFICE SOLUTIONS, INC.		

FILED

07 JAN -2 01 0:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3838 SOUTH FLORIDA AVE LAKELAND, FL 33813	Mailing Address A.O.S. POST OFFICE BOX 7047 LAKELAND, FL 33807
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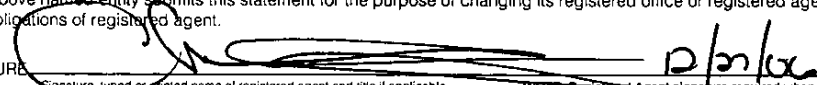
2. Principal Place of Business LAKELAND Suite, Apt. #, etc. 3838 S FLA AVE City & State L-LAND Zip 33813 Country USA	3. Mailing Address PO BOX 7047 Suite, Apt. #, etc. City & State FLA 33807 Zip 33807 Country USA
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12282006 REIN-P GR25038 (1/03)	4. FEE Number 04-3671838	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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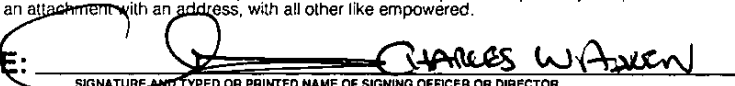
6. Name and Address of Current Registered Agent AIKEN, CHUCK 3838 SOUTH FLORIDA LAKELAND, FL 33813	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS AIKEN, KELLY A OWNER <input type="checkbox"/> Delete 3838 S FLORDIA AVE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400082861934 12/29/06--01033--010 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR AIKEN 111, CHARLES W PRESIDE <input type="checkbox"/> Delete 3838 SOUTH FLORIDA AVE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 12/27 DAYTIME PHONE: 863 577-1300