

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000090148

FILED
Apr 29, 2005
Secretary of State

Entity Name: ONE CALL CURES ALL, INC.

Current Principal Place of Business:

1560 TROPIC PARK DRIVE
SANFORD, FL 32733 US

New Principal Place of Business:

PO BOX 951312
LAKE MARY, FL 327951312 US

Current Mailing Address:

P.O. BOX 951312
LAKE MARY, FL 327951312 US

New Mailing Address:

FEI Number: 90-0048752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROQUEMORE, LAURA J
1727 KIMMIE KAY DRIVE
SANFORD, FL 32795 US

Name and Address of New Registered Agent:

ROQUEMORE, LAURA J
PO BOX 951312 (1727 KAY DRIVE)
SANFORD, FL 327951312 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: LAURA J ROQUEMORE

04/29/2005

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: PTD () Delete
Name: ROQUEMORE, LAURA J
Address: PO BOX 951312 (1727 KAY DRIVE)
City-St-Zip: LAKE MARY, FL 32795

Title: VSD () Delete
Name: ROQUEMORE, DAVID W III
Address: PO BOX 951312 (1727 KAY DRIVE)
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ROQUEMORE, LAURA J
Address: PO BOX 951312 (1727 KAY DRIVE)
City-St-Zip: LAKE MARY, FL 327951312

Title: VSD (X) Change () Addition
Name: ROQUEMORE, DAVID W III
Address: PO BOX 951312 (1727 KAY DRIVE)
City-St-Zip: LAKE MARY, FL 327951312

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: LAURA J ROQUEMORE

PDT

04/29/2005

Electronic Signature of Signing Officer or Director

Date