

**AMENDED  
2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
03 OCT 31 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                        |                                                                                                                                                                |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000125117</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                                                        |                                                                                                                                                                |  |
| 1. Entity Name<br><b>EDRINGER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                        |                                                                                                                                                                |                                                                                   |
| Principal Place of Business<br>9033 LAKE COVENTRY COURT<br>GOTHA, FL 34734                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | Mailing Address<br>9033 LAKE COVENTRY COURT<br>GOTHA, FL 34734                                                         |                                                                                                                                                                |                                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | 3. Mailing Address                                                                                                     |                                                                                                                                                                |                                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                |                                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  | City & State                                                                                                           |                                                                                                                                                                |                                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                          | Zip                                                                                                                    | Country                                                                                                                                                        |                                                                                   |
| 4. FEI Number<br><b>60-0004040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                                                                                                                |                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | <b>\$8.75</b> Additional Fee Required                                                                                  |                                                                                                                                                                |                                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | 7. Name and Address of New Registered Agent                                                                            |                                                                                                                                                                |                                                                                   |
| KOLTUN, JEFFREY M<br>567 NORTH WYMORE ROAD<br>SUITE 100<br>MAITLAND, FL 32751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                        |                                                                                                                                                                |                                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 11, 2003 Fee will be \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>COMENENCIA, EDEL<br>9033 LAKE COVENTRY COURT<br>GOTHA, FL 34734 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>DURAN, GERARDO M<br>9108 BAYWARD COURT<br>ORLANDO, FL 32819 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | 000024343550<br>10/31/03--01109--003 ***61.25                                                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>ORIEL-COMENENCIA, NEMA<br>9033 LAKE COVENTRY COURT<br>GOTHA, FL 34734 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | PSD<br>Oriel-Comenencia, Nema<br>9033 Lake Coventry Court<br>Gotha, Florida 34734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>MARIA REGINA C. FLORES<br>9108 BAYWARD COURT<br>ORLANDO, FL 32819 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: <i>Nema Oriel-Comenencia</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Nema Oriel-Comenencia, Pres. 407-297-1222<br>10/27/03                                                                  |                                                                                                                                                                |                                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Date Daytime Phone #                                                                                                   |                                                                                                                                                                |                                                                                   |

CR20034 (10/02)

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