

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000133848

Entity Name: LANHEADZ COMPUTING, INC.

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

112 VAN DYCK DR
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

112 VAN DYCK DR
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 56-2311289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WISHON, JOHN
112 VAN DYCK DR
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: JOHN WISHON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WISHON, JOHN
Address: 112 VAN DYCK DR
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: EICHHORN, CHRISTOPHER
Address: 112 VAN DYCK DR.
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WISHON, SHERRY
Address: 112 VAN DYCK DR.
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Change (X) Addition
Name: EICHHORN, CHRISTOPHER
Address: 209 MONET DR
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Change (X) Addition
Name: MIKOLASIK, MARIAN
Address: 704 PADUA CT
City-St-Zip: NOKOMIS, FL 34275

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: JOHN WISHON

DP

10/13/2005

Electronic Signature of Signing Officer or Director

Date