2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P0300000057

Address:

City-St-Zip:

FILED Jun 18, 2006 Secretary of State

Entity Na	me: BRIGHT	FUTURE OF PALM BEACH,	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
212 CHILLINGWORTH DR. W. PALM BCH, FL 33409				2804 MISTY OAKS CIRCLE ROYAL PALM BCH, FL 33411		
Current N	lailing Addres	ss:	New Maili	ng Address:		
212 CHILLINGWORTH DR. W. PALM BCH, FL 33409				2804 MISTY OAKS CIRCLE ROYAL PALM BCH, FL 33411		
FEI Number	: 13-4228899	FEI Number Applied For ()	FEI Number Not App	licable () Certific	cate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Re	gistered Agent:	
JAMES, DONNA A 212 CHILLINGWORTH DR. W. PALM BCH, FL 33409 US			2804 MİST	JAMES, DONNA A 2804 MISTY OAKS CIRCLE ROYAL PALM BCH, FL 33411 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or	registered agent, or both,	
SIGNATURE: DONNA JAMES				06/18/2006		
	Electror	nic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OF	FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JAMES, DONN 2804 MISTY O		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	V () Change JANESKI, STAVRE 11116 GULFSHORE DF NAPLES, FL 34108	(X) Addition	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	S () Change CAROL, LOWE-CHIN 3901 S. OCEAN DRIVE HOLLYWOOD, FL	(X) Addition #11U	
Title: Name:) Delete	Title: Name:	T () Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

20201 9TH AVE N

PEMBROKE PINES, FL 33029

SIGNATURE: DONNA JAMES P 06/18/200	6
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