

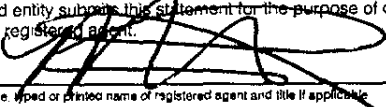
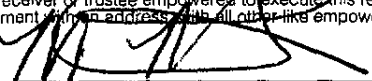


FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000007492		Secretary of State	
1. Entity Name FRESH START LAW FIRM, INC.			
Principal Place of Business 620 E. TWIGGS SUITE 205 TAMPA, FL 33602		Mailing Address 620 E. TWIGGS SUITE 205 TAMPA, FL 33602	
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 01-0763591	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD, MIRIAM L SUMPTER 620 E. TWIGGS SUITE 205 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE	
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 1-4-06	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	RICHARD, MIRIAM L SUMPTER		
STREET ADDRESS	620 E. TWIGGS #205		
CITY- ST- ZIP	TAMPA, FL 33602		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		1-4-06 813 387-7725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	