

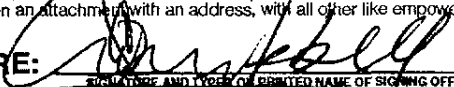


**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000016614</b>		<b>Secretary of State</b>	
1. Entity Name <b>KELTHAN SERVICES, INC.</b>			
Principal Place of Business <b>5001 NW 22ND ST LAUDERHILL, FL 33313</b>		Mailing Address <b>5001 NW 22ND ST LAUDERHILL, FL 33313</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		08102005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>06-1678148</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>CAMPBELL, JONATHAN A 5001 NW 22ND ST LAUDERHILL, FL 33313</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DP <b>CAMPBELL, JONATHAN A 5001 NW 22ND ST LAUDERHILL, FL 33313</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DV <b>CAMPBELL, ERLINE H 5001 NW 22ND ST LAUDERHILL, FL 33313</b>	
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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: 		<b>Aug-10-05 954717.0665</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	