

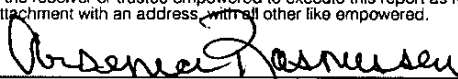


05-17-2005 90016 004 ***150.00

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P03000040297 1. Entity Name UNIQUELY ARSENIA, INC.</div><div style="text-align: center;"></div></div>		05-17-2005 90016 004 ***150.00																																																																																																																																				
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 710 WILSON RD. WINTER SPRINGS, FL 32708 US</div><div>Mailing Address 710 WILSON RD. WINTER SPRINGS, FL 32708 US</div></div>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">04272005 Chg-P CR2E034 (10/03)</div> <div style="text-align: center; margin-top: 10px;"></div>																																																																																																																																				
<div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country</div><div>3. Mailing Address Suite, Apt. #, etc. City & State Zip Country</div></div>																																																																																																																																						
<div style="display: flex; justify-content: space-between;"><div>4. FEI Number 57-1163891</div><div>Applied For Not Applicable</div></div>																																																																																																																																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">RASMUSSEN, ARSENIA 710 WILSON RD. WINTER SPRINGS, FL 32708</div></div><div style="width: 4%;"></div><div style="width: 48%;">7. Name and Address of New Registered Agent<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</div></div></div>																																																																																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div style="width: 40%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 30%;"></div></div>																																																																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">10. OFFICERS AND DIRECTORS<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 45%;">D</td><td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RASMUSSEN, ARSENIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>710 WILSON RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINTER SPRINGS, FL 32708</td><td></td></tr><tr><td>TITLE</td><td>C,P</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RASMUSSEN, ARSENIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>710 WILSON RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINTER SPRINGS, FL 32708</td><td></td></tr><tr><td>TITLE</td><td>T,S</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RASMUSSEN, ARSENIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>710 WILSON RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINTER SPRINGS, FL 32708</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div><div style="width: 4%;"></div><div style="width: 48%;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 45%;"></td><td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div></div>			TITLE	D	<input type="checkbox"/> Delete	NAME	RASMUSSEN, ARSENIA		STREET ADDRESS	710 WILSON RD.		CITY-ST-ZIP	WINTER SPRINGS, FL 32708		TITLE	C,P	<input type="checkbox"/> Delete	NAME	RASMUSSEN, ARSENIA		STREET ADDRESS	710 WILSON RD.		CITY-ST-ZIP	WINTER SPRINGS, FL 32708		TITLE	T,S	<input type="checkbox"/> Delete	NAME	RASMUSSEN, ARSENIA		STREET ADDRESS	710 WILSON RD.		CITY-ST-ZIP	WINTER SPRINGS, FL 32708		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 20%; text-align: center;">4-12-05</div><div style="width: 40%;"></div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																																																																																																																																						