2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000041324

Entity Name: PANHANDLE HURRICANE PROTECTION SYSTEMS, INC.

FILED Jul 08, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

853 HWY 98 130 GERONIMO STREET UNIT 12 DESTIN, FL 32541

DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

853 HWY 98 P.O. BOX 603 UNIT 12 DESTIN, FL 32540

FEI Number: 16-1663290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAY, LINDA
1180 SCENIC HWY 98
DESTIN, FL 32541 US
GRAY, LINDA
942 WINIFRED WAY
LADY LAKE, FL 32162 US

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: LINDA GRAY

07/08/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PS () Delete Title: PS (X) Change () Addition

 Name:
 HOLMAN, KEN
 Name:
 HOLMAN, KEN

 Address:
 853 HWY 98 UNIT 12
 Address:
 330 SUMMIT DRIVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 GRAY, LINDA
 Name:
 GRAY, LINDA

 Address:
 853 HWY 98 UNIT 12
 Address:
 942 WINIFRED WAY

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 LADY LAKES, FL 32162

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: LINDA GRAY V 07/08/2005