2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 16, 2004
Secretary of State

DOCUMENT# P03000045589

Entity Name: BULLDOG ENTERPRISES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

24 HIBISCUS
ORMOND BY THE SEA, FL 32776

New Principal Place of Business:

5357 NUTWOOD AVE
BUNNELL, FL 32110

Current Mailing Address:

24 HIBISCUS
ORMOND BY THE SEA, FL 32776

New Mailing Address:

P.O.BOX 639
BUNNELL, FL 32110

FEI Number: 02-0690032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVOLIO, THEODORE
24 HIBISCUS
ORMOND BY THE SEA, FL 32776 US

Name and Address of New Registered Agent:

ROSE, DAVID
P.O.BOX 639
BUNNELL, FL 32110 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: DAVID J. ROSE 12/16/2004
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: PSD ( ) Delete
Name: RUMSEY, DIAN L
Address: 24 HIBISCUS
City-St-Zip: ORMOND BY THE SEA, FL 32776

Title: VTD ( ) Delete
Name: ROSE, DAVID J
Address: 24 HIBISCUS
City-St-Zip: ORMOND BY THE SEA, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: RUMSEY, DIAN L
Address: P. O. BOX 639
City-St-Zip: BUNNELL, FL 32110

Title: VTD (X) Change ( ) Addition
Name: ROSE, DAVID J
Address: P. O. BOX 693
City-St-Zip: BUNNELL, FL 32110

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: DAVID J. ROSE V.P. 12/16/2004
Electronic Signature of Signing Officer or Director Date