2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# P03000056993

Entity Name: WHIZ NOTES INC.

Current Principal Place of Business:

2800 SW WILLISTON RD
932
GAINESVILLE, FL 32608

New Principal Place of Business:

238 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

2800 SW WILLISTON RD
932
GAINESVILLE, FL 32608

New Mailing Address:

238 WEST UNIVERSITY AVENUE
2032
GAINESVILLE, FL 32601

FEI Number: 20-0045829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MALAVE, ANTONIO M SR.
2800 SW WILLISTON RD
932
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

MALAVE, ANTONIO M SR.
2800 SW WILLISTON RD
2032
GAINESVILLE, FL 32608 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: ANTONIO MALAVE 02/22/2005
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: P ( ) Delete
Name: NGUYEN, PETER
Address: 6507 109 TERRACE
City-St-Zip: PINELLS PARK, FL 33782 US

Title: P ( ) Delete
Name: MALAVE, ANTONIO M SR.
Address: 2800 SW WILLISTON RD 932
City-St-Zip: GAINESVILLE FL, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTONIO MALAVE P 02/22/2005
Electronic Signature of Signing Officer or Director Date