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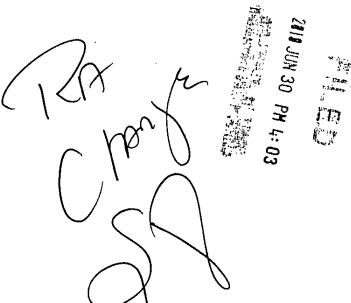
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FOREIGN ENTER PRISES INC. Name of Corporation		
Name of Corporation		
DOCUMENT NUMBER: P030000 6 6 4 98		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PATRICIA A. BARGFREDE - GONNELLA Name of Contact Person		
Name of Contact Person		
FOREIGN ENTERPRISES INC.		
Firm/Company		
3208 FOREST HILL BLUD		
Address		
PALM SPRINGS FL 33406		
City/State and Zip Code		
PATMC BAGO ADL. COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Data a Processia Dear Specifical		
Name of Contact Person at (917) 692.4826 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: FORGIGN ENTERPLISES / WE 2. The principal office address: 3208 FORGST HILL BLVD ALM SPLINGS FL 33408 3. The mailing address (if different): 4. Date of incorporation/qualification: 6/13/2003 Document number: P030000 66298 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) BARGFORDE - GONNELLA, ATOICIA A 132 WOODLAND PL LAKE WORTH FL 33461 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): BARGFORDE - GONNELLA, ATOICIA A 3310 LAGO DE TALANERA PO Box NOT acceptable WELLINGTON, FL 33467 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Atoicus Dayfurd - Survella Atoicus Too the this capacity. And BARGIGED - GONNELLA, PRESSINGAL - Converting the amendment of the proper director. Printed or typed name and title.	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of State of
2. The principal office address: 3208 FOREST HILL BLVD ALM SPLINGS FL 33406 3. The mailing address (if different): 4. Date of incorporation/qualification: 6/13/2003 Document number: P030000 66298 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) BARGFREDE - GONNELLA, ATRICIA A 132 WOODLAND FL 33461 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): BARGFREDE - GONNELLA, PATRICIA A 3310 LAGO DE TAHAVERA PO BON NOT acceptable WELLINGTON, FL 33467 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Leticus Letypule: Survey lates a registered agent and aware to set in this companion. The street and respectively the second the available and of the second the survey to set in this companion.	
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Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. **Latician** Day Sugnature of an officer or director* ATRICIA** BARGFREDE CONNELLA** Printed or typed name and title A transport the appointment as registered event and evere to get in this capacity.	(if changed): BARGFREDE-GONNELLA, PATRICIA A. 33
Letricia Derphyde Granula 14TRICIA A BARGERESE CONNELLA, PRES Thereby accept the appointment as registered agent and caree to act in this appointment.	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
I have by account the appointment as registered agent and agree to act in this agreeity	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am light and accept the obligation of my position as registered agent. Or, if this	Letricia a Barghede Survella PATRICIA A BARGFREDE CONVELLA, PRES Signature of an officer or director Printed or typed name and title
corporation has been notified in writing of this change.	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature Orgistered Agent Date	Signature Osegistered Agent Date
If signing on behalf of an entity:	If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name