2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# P03000070755

Entity Name: THE PEDS CONNECTION, INC.

Current Principal Place of Business:

1912 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

906 SW ST. LUCIE WEST BLVD.
#341
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

1912 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

906 SW ST. LUCIE WEST BLVD.
#341
PORT SAINT LUCIE, FL 34986 US

FEI Number: 04-3764612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRACCHIOLA, MICHELE
1912 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CRACCHIOLA, MICHELE
32801 HWY. 441 N.
#26
OKEECHOBEE, FL 34972 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: MICHELE CRACCHIOLA 02/21/2005
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: PST ( ) Delete
Name: CRACCHIOLA, MICHELE
Address: 1912 SW LENNOX STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: CRACCHIOLA, MICHELE
Address: 32801 HWY. 441 N. #26
City-St-Zip: OKEECHOBEE, FL 34972 US

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: MICHELE CRACCHIOLA PST 02/21/2005
Electronic Signature of Signing Officer or Director Date