

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000074050

Entity Name: VOLUMEN, INC.

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

4231 KINSLAR DR  
APT B  
ST. LOUISE, MO 63129 US

**New Mailing Address:**

FEI Number: 90-0097238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SZAFRICS, IMRE  
424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

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

IMRE, SZAFRICS  
424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 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: IMRE SZAFRICS

04/12/2006

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: KOVACS, BELA  
Address: 4231 KINSLAR DR APT B  
City-St-Zip: ST. LOUISE, MO 63129 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: BELA KOVACS

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date