## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000095254

Entity Name: DWL INNOVATIONS, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1073 IDYLWILD DR 1073 IDYLWILD DR., NW WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

P.O. BOX 3487 1073 IDYLWILD DR., NW WINTER HAVEN, FL 33885 WINTER HAVEN, FL 33881

FEI Number: 20-0196645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEGGETT, DAVID W
1073 IDYLWILD DR
WINTER HAVEN, FL 33881 US
LEGGETT, DAVID W
1073 IDYLWILD DR., NW
WINTER HAVEN, FL 33881 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 W. LEGGETT 03/29/2006

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: PD (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 LEGGETT, DAVID W
 Name:
 LEGGETT, DAVID W

 Address:
 1073 IDYLWILD DR
 Address:
 1073 IDYLWILD DR., NW

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 WINTER HAVEN, FL 33881

Name:LEGGETT, KATHY JName:LEGGETT, KATHY JAddress:1073 IDYLWILD DRAddress:1073 IDYLWILD DR., NWCity-St-Zip:WINTER HAVEN, FL 33881City-St-Zip:WINTER HAVEN, FL 33881

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: DAVID W. LEGGETT PD 03/29/2006