2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000122409

LAKE CITY, FL 32025

Entity Name: THE WINTER GROUP, INC.

FILED Dec 09, 2005 Secretary of State

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

566 SW ARLINGTON BLVD 566 SW ARLINGTON BLVD SUITE 109

SUITE 103

LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

P O BOX 3245 P O BOX 1981

LAKE CITY, FL 32056 LAKE CITY, FL 32056

FEI Number: 52-2414569 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:

SMITH, III, C. HOLT ESQ. WINTERS, TRACY 233 E. BAY STREET, STE. 930 566 SW ARLIGNTON BLVD JACKSONVILLE, FL 32202 LAKE CITY, FL 32025

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: TRACY WINTERS 12/09/2005

> 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: PRFS (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete WINTERS, TRACY A Name: Name: WINTERS, TRACY A

566 SW ARLINGTON BLVD, SUITE 109 Address: 566 SW ARLINGTON BLVD, SUITE 103 Address:

City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025

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

KEN, BOHLSCHEID Name: Name: 566 SW ARLINGTON BLVD Address: Address: City-St-Zip: LAKE CITY, FL 32025 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: TRACY WINTERS **PRES** 12/09/2005