2006 FOR PROFIT CORPORATION

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Principal Place of Sushnals Mailing Address J24 W. 67TH ST. JACKSONVILLE FL 9200 3. Minling Address Suite, April F, ctc. 1st MOORE CITZE034 (10/05) Applied For Not App	1. Entity Nan	ne i			Feb 14, 2006 08:00 AM Secretary of State						
124 W. STTH ST ACKSONVILLE FL 32208 3. Marking Address 124 W. STTH ST ACKSONVILLE FL 32208 3. Marking Address 124 M. OFFI F. OCC. 124 M. MOORE CRIZEU34 (10/05) Applied For Not Applied For	BOBBY'S	MOBILE	HOME REPAIRS &	SERVICE CO.							
JACKSONVILLE FL 32208 2. Principal Place of Blue reads Sulfa, Apt. A, etc. Sulfa, Apt. A,	Principal Plac	e of Busines	s	Mailing Address							
2. Financial Place of State Suite, Apt. 8, etc. Suite, Application of State Suite Position Suite Application Suite Application Suite Position Suite			208	124 W. 67TH ST. JACKSONVILLE FL 32	208	•]				
City & State Country Country Zip Country S. Certificate of Status Desired \$1.0637895 Nort Applicable Fixe Required RARCUS, BILLY 124 W. 6771+ ST. JACKSONVILLE FL 32208 City Size of Again copundation of Registered Against City Size of Against Against Copundation of Registered Against File NOW] File Now Against Charce Registered Against Against Against Copundation of Registered Size of Registered Against Registered Agains	2. Principal F	Place of Busi	ness	3. Mailing Address		·	}	e keel ki eeluu kiki eelif	E II	# 1884 1888 1	## ## ################################
20p	Suite, Apt. #, etc.		Suite, Apt. #, etc.				1:	st MOORE	CR2E03	4 (10/05)	-
Country Zip	City & State			City & State			4. FEI Numi	^{oer} 81-06378	95	← ←	
S. Name and Address of Current Registered Agent Name	Zip		Country	Zip	Count	try	5. Certificat	e of Status Desire	в П	\$8.75 Add	ditional
MARCUS BILLY 124 W. 67TH ST. JACKSONVILLE FL 32208 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida I am familiar with, and accept the objections of registered agent. SIGNATURE FILE NOW!! FEE S \$150.00 After May 1, 2008 Fee Nith Be \$550.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS II 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS III 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III	6. Name and Address of Current Registered Agent					Alama,	7. Name an	d Address of Ne	w Registered		
After May 1, 2006 Fee Will Be \$550.00 THE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 After May 1, 2006 Fee Will Be \$	124 W. 67TI		引ST.								
8. 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. I am familiar with, and acception of registered agent. SIGNATURE Continue, spring a princip cere or registered agent. Continue, spring a princip cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue, spring a princip cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue, spring a princip cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. Continue cere or regist						Street Address (P.O. Box Numi	per is Not Accepti	30ie) 		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent. SIGNATURE Designment spring or proceduration or registered agent. (NOTE Registered Agent spring agent continued) DATE						City				Zio Cad	e .
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee Will Be \$550,00 Make Cheek Payable to Florida Department of State. 10. OFFIGERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFIGERS AND DIRECTORS IN 11 TITLE MAKE MARCUS, BILLY STREET ROWESS STR	8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of		- 1	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I em 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Billy & more Billy L. Mareus

FILED

2/11/06 (904)955-7466