

FILED
May 05, 2004 8:00 am
Secretary of State

240101-0-

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P03000140523 1. Entity Name 24/7 MANAGEMENT SERVICES INC. | |  | | Secretary of State 05-05-2004 90196 035 ***150.00 | |
| Principal Place of Business 849 OLEANDER AVE HOLLY HILL, FL 32117 | | Mailing Address 849 OLEANDER AVE HOLLY HILL, FL 32117 | | | |
| 2. Principal Place of Business 17 GREENVALE DRIVE | | 3. Mailing Address 17 GREENVALE DR | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04272004 Chg-P CR2E034 (10/03) | |
| City & State ORMOND BEACH FL | | City & State ORMOND BEACH FL | | 4. FEI Number 37.1479984 | |
| Zip 32174 | | Zip 32174 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent PEDERSEN, MICKY 849 OLEANDER AVE HOLLY HILL, FL 32117 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City FL Zip Code | |
| 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 accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PEDERSEN, MICKY 849 OLEANDER AVE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Micky Pedersen | | 4-29-04 386-238-7800 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |