
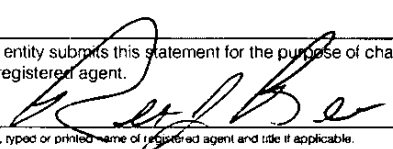
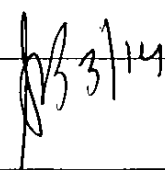
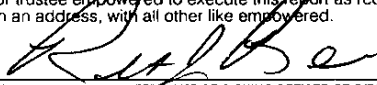


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000003988 1. Entity Name CHEX-IT SERVICES, INC				FILED 06 MAR 10 AM 8:48 STATE OF FLORIDA	
Principal Place of Business 471 AVENIDA DE MAYO SARASOTA, FL 34242		Mailing Address 471 AVENIDA DE MAYO SARASOTA, FL 34242			
2. Principal Place of Business 6334 95TH ST. EAST Suite, Apt. #, etc.		3. Mailing Address 6334 95TH ST. EAST Suite, Apt. #, etc.			
City & State BRADENTON FL Zip 34202		City & State BRADENTON, FL Zip 34202		4. FEI Number 04-3839621 Applied For <input type="checkbox"/> Not Applicable	
Country MANATEE		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOULETTE, ROBERT J 471 AVENIDA DE MAYO SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name ROBERT J. BOULETTE Street Address (P.O. Box Number is Not Acceptable) 6334 95TH STREET EAST City BRADENTON FL Zip Code 34202		
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  (ADDRESS CHANGE)		DATE 3-07-06			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOULETTE, ROBERT J 471 AVENIDE DE MAYO SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOULETTE, ROBERT J 6334 95TH ST. EAST BRADENTON, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOULETTE, ROBERT J 471 AVENIDA DE MAYO SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOULETTE, ROBERT J. 6334 95TH ST. EAST BRADENTON, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900069050139 03/30/06--01039--004 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 3-07-06 758-3400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			