2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# P04000009864

Entity Name: SLSM INCORPORATION, INC.

Current Principal Place of Business:

19 HEMLOCK TER WAY
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

PO BOX 1869
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 20-0137874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. LOUIS, HAN
19 HEMLOCK TER WAY
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: HAN ST. LOUIS

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: D ( ) Delete
Name: ST. LOUIS, HAN
Address: 24050 ORLEAN LN
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete
Name: ST. LOUIS, II, BERTRAND S
Address: 24050 ORLEAN LN
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete
Name: ST. LOUIS, WILSON
Address: 396 SE 12 ST
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: ST. LOUIS, BERTRAND
Address: 24050 ORLEAN LN
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete
Name: LEONG, FRANCIS
Address: 3572 SUNNYHAVEN DR
City-St-Zip: SAN JOSE, CA 95117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ST. LOUIS, WILSON
Address: 3966 SE 12 ST
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILSON ST. LOUIS D 10/11/2006

Electronic Signature of Signing Officer or Director Date