## 2006 FOR PROFIT CORPORATION

## FILED Jan 12, 2006 8:00 am Secretary of State

Pincipal Pace of Business 620 E. TWIGGS ST. SUITE 205 1AMPA, P. 33602  2. Pincipal Pace of Business Suite, Apl. #, etc.  Suite, Apl. #, etc.  Suite, Apl. #, etc.  Suite, Apl. #, etc.  On102006 ChgP CR2E934 (11/05)  Applicable  Zip Country  Zip Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  RICHARD, MIRIAM L. SUMPTER  Size Address (P.O. Box Number's Not Acceptable)  The debox promoted wider, submits this patientered for the purpose of changing its registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent or registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent agent with a state of registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent agent with a state of registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent agent with a state of registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent agent with a state of registered agent, or both, in the Size of Period. Lam hamflar with, and accept the obligations of registered agent, or both, in the Size of Periods And District Address (P.O. Box Number's Not Acceptable)  The Device of registered agent, or both, in the Size of Periods And District Address (P.O. Box Number's Not Acceptable)  The Device of registered agent, or both, in the Size of Periods And District Address (P.O. Box Number's Not Acceptable)  The Device of registered agent, or both, in the Size of Periods And District Address (P.O. Box Number's Not Acceptable)  The Device of registered agent, or both, in the Size of Periods And District Address (P.O. Box Number's Not Acceptable)  The Device of Registered Agent (P.O. Box Number's Not Acceptable)  The Device of Registered Agent (P.O. Box Number's Not Acceptable)  The Device of	E2D E. TWIGGS ST., SUITE 205 TAMPA, FL. 33602  2. Principal Place of Business Suite, Apil. #, etc.  Suite, Apil. #, etc.  City & State  City &	DOCUMENT # P0400001  1. Entity Name MAXX CORP.	1970		Floring		5 90169 008 ***15	8.75
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APPLIED FOR & 0 - 907826 / Not Applicable  Zip Country S. Cartificate of Status Desired Status Desired S. S. Cartificate of Status Desired S. S. 75 Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  RICHARD, MIRIAM L SUMPTER 620E TWIGGS ST, SUITE 205  TAMPA, FL 33602  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. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. The state of Florida. Lam familiar with, and accept the obligations of registered agent. The Displaced Agent agreement provided agent agent agent agent agent agent. The Displaced Agent agreement provided agent agent agent agent agent agent. The Displaced Agent agreement agent agent agent agent agent. The Displaced Agent agreement agent agent agent agent agent agent. The Displaced Agent agreement agent agen	APPLIED FOR & 0 - 9078266   Non Applicable   Non Applicab	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01102006	Chg-P	CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  RICHARD, MIRIAM L SUMPTER 620 E. TWIGGS ST., SUITE 205  TAMPA, FL 33602  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 and tile if appricates  Signature  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing	S. Certificate of Status Desired Sta	City & State	City & State		4. FEI Numb	D FOR 20-	4072861 A	
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	12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information	CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				

Independent of this report or supplied with this filing does not quality 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.