

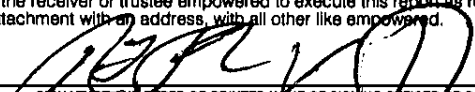


**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000018914</b>				<b>Secretary of State</b>	
1. Entity Name <b>INDISCRETIONS, INC.</b>					
Principal Place of Business <b>2511 BLANDING BLVD JACKSONVILLE, FL 32210</b>		Mailing Address <b>2511 BLANDING BLVD JACKSONVILLE, FL 32210</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
		02072008    No Chg-P    CR2E034 (11/05)			
		4. FEI Number <b>59-3779143</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VANSANDT, RICHARD L JR 2511 BLANDING BLVD JACKSONVILLE, FL 32210</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				DATE <b>02/26/08-80102-015 150.00</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD VANSANDT, RICHARD L JR 2511 BLANDING BLVD JACKSONVILLE, FL 32210			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD SEYMOUR, MICHAEL L P O BOX 2771 - 29 MONUMENT RD, # 203 JACKSONVILLE, FL 32225			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		<b>Feb 6, 2008 904-389-3540</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			