


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041696		
1. Entity Name INVENTORY XPRESS, INC.		

FILED
06 OCT 20 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 245 EAST DR STE 105 W MELBOURNE, FL 32904	Mailing Address 245 EAST DR STE 105 W MELBOURNE, FL 32904
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10062006 REIN-P CR2E098 (11/05)

4. FEI Number 13-4274930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOLLENKOPF, KEITH 6020 PALOMAGLADE DRIVE LITHIA, FL 33547	
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7. Name and Address of New Registered Agent	
Name Sheila Staples	
Street Address (P.O. Box Number is Not Acceptable) 245 East Drive	
Suite 105	
City Melbourne	FL Zip Code 32904

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: Sheila M Staples DATE: 10/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORRELL, JOHN 12020 LEEWARD WALK CIRCLE ALPHARETTA, GA 30005 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: John Worrell DATE: 10-19-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 404 8406475