2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000052579

Entity Name: PHYLLIS MELANSON INC.

FILED Oct 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

812 SMOKERISE BLVD 763 SANDY HILL CIRCLE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

Current Mailing Address: New Mailing Address:

812 SMOKERISE BLVD 763 SANDY HILL CIRCLE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

FEI Number: 81-0647481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELANSON, PHYLLIS MELANSON, PHYLLIS 812 SMOKERISE BLVD 673 SANDY HILL CIRCLE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

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: PHYLLIS MELANSON 10/13/2005

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition

MELANSON, PHYLLIS MELANSON, PHYLLIS Name: Name: 812 SMOKERISE BLVD 673 SANDY HILL CIRCLE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 US City-St-Zip: PORT ORANGE, FL 32127 US

Title: (X) Delete Title: () Change () Addition TREA

Name: JACKSON, SABRINA Name: 812 SMOKERISE BLVD Address: Address: PORT ORANGE, FL 32127 US City-St-Zip: City-St-Zip:

Title: Title: SECR (X) Delete () Change () Addition

IMBRAGULIA, JOYCE Name: Name: 812 SMOKERISE BLVD Address: Address: City-St-Zip: PORT ORANGE, FL 32127 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHYLLIS MELANSON **PRES** 10/13/2005