

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000057759</b> 1. Entity Name PLANET PRESS INC. IN FLORIDA						<b>FILED</b> 05 OCT 14 PM 5:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6384 KINGS GATE CIR DELRAY BEACH, FL 33484-2429				Mailing Address 6384 KINGS GATE CIR DELRAY BEACH, FL 33484-2429			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GLASSBERG, ROY 123 NW 13TH ST STE 312 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name: <u>Edward Bogan</u> Street Address (P.O. Box Number is Not Acceptable): <u>6384 Kings Gate Circle</u> City: <u>DeLray Beach</u> <u>FL</u> Zip Code: <u>33484</u>			
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: <u>Edward Bogan</u> DATE: <u>10/11/05</u> <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</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE: P NAME: BOGAN, EDWARD STREET ADDRESS: 6384 KINGS GATE CIR CITY-ST-ZIP: DELRAY BEACH, FL 334842429				TITLE: <u>800060627233</u> NAME: <u>10/14/05--01054--016</u> STREET ADDRESS: <u>**150.00</u> CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Edward Bogan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>10/11/05</u> Daytime Phone #: <u>561-496-6868</u>			