2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000064123

Entity Name: SIDERS ANONYMOUS, INC.

FILED Jan 12, 2007 Secretary of State

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

2316 GNARLED OAKS AVENUE 2316 GNARLED OAKS AVENUE

LUTZ, FL 33549 LUTZ, FL 33549 U

Current Mailing Address: New Mailing Address:

2316 GNARLED OAKS AVENUE 2316 GNARLED OAKS AVENUE

LUTZ, FL 33549 LUTZ, FL 33549 US

FEI Number: 20-1005381 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US AUSTIN, KIMBERLY 2316 GNARLED OAK AVE LUTZ, FL 33549 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: KIMBERLY AUSTIN 01/12/2007

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

 Name:
 AUSTIN, KIMBERLY ANN
 Name:
 AUSTIN, KIMBERLY ANN

 Address:
 2316 GNARLED OAKS AVENUE
 Address:
 2316 GNARLED OAKS AVENUE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 US

Name: AUSTIN, ROBERT Name: AUSTIN, ROBERT

Address: 2316 GNARLED OAKS AVENUE Address: 2316 GNARLED OAKS AVENUE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 US

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

Name: Name: FOLEY, DIANA

Address: Address: 17615 WILLOW CREEK BLVD

City-St-Zip: City-St-Zip: LUTZ, FL 33549 US

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

Name: Name: FOLEY, DAVID

Address: Address: 17615 WILLOW CREEK BLVD

City-St-Zip: City-St-Zip: LUTZ, FL 33549 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KIMBERLY AUSTIN P 01/12/2007