2006 FOR PROFIT CORPORATION

FILED May 04, 2006 8:00 am Secretary of State

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DOCUMENT # P04000065049 05-04-2006 90228 040 ***150 00 1. Entity Name LBS ADVISORS, INC. QUUDYESS Principal Place of Business Mailing Address 20537 MEETING STREET 20537 MEETING STREET BOCA RATON, FL 33434 BOCA RATON, FL 33434 US US 2. Principal Place of Business 3. Mailing Address 3923 LAWNDALE 3923 LAWNDALE Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For GREENSBORD CREENS BORD NC 20-0971568 Not Applicable NC Country \$8.75 Additional 5. Certificate of Status Desired П 27455 27453 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name nt c RYALL, MARK Street Address (P.O. Box Number is Not Acceptable) 20537 MEETING STREET BOCA RATON, FL 33434 00 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. the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Addition TITLE ☐ Delete NAME RYALL, MARK · NAME 20537 MEETING STREET STREET ADDRESS 3923 LAWNDALE PLACE STREET ADDRESS BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-ZIP GREENSBORD NC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_71P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER