2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2006
Secretary of State

DOCUMENT# P04000069601

Entity Name: XANADU, INC.

Current Principal Place of Business:

4450 SHILOH LANE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4450 SHILOH LANE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 86-1107412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASSER, JEANINE B ESQ.
4595 LEXINGTON AVE. #100
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: JEANINE B. SASSER, ESQ.
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:

Title: D ( ) Delete
Name: PARRIS, CYNTHIA L
Address: 4450 SHILOH LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: PARRIS, NOEL JR.
Address: 4450 SHILOH LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: PARRIS, NOELLE MAY
Address: 1429 BATTERY WEED COURT
City-St-Zip: CHARLESTON, SC 28412

Title: D ( ) Delete
Name: PARRIS NATHAN, MERLE
Address: 8416 HAMDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: PARRIS, KRISTIN H DR.
Address: 861 NORTH LAWRENCE STREET
City-St-Zip: PHILADEPHIA, PA 19123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CYNTHIA L. PARRIS MS. 10/27/2006
Electronic Signature of Signing Officer or Director Date