

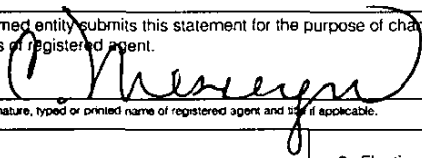
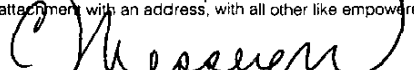


**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

40099715

<b>DOCUMENT # P04000073584</b>				07-18-2006 90085 036 ***150.00	
1. Entity Name <b>MESSENGER INSTITUTE, INC.</b>					
Principal Place of Business <b>1626 HILLCREST STREET ORLANDO, FL 32803</b>		Mailing Address <b>1626 HILLCREST STREET ORLANDO, FL 32803</b>			
2. Principal Place of Business <b>1237 E. LIVINGSTON ST SUITE B ORLANDO FL 32803-5401 USA</b>		3. Mailing Address <b>1237 E. LIVINGSTON ST SUITE B ORLANDO FL 32803-5401 USA</b>		40099715  07142006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-1600989</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MESSENGER, CHARLENE M 1626 HILLCREST STREET ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>1237 E. LIVINGSTON ST SUITE B ORLANDO FL 32803</b>			
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  DATE <b>07/14/06</b> <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 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MESSENGER, CHARLENE M 1626 HILLCREST STREET ORLANDO, FL 32803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1237 E. LIVINGSTON ST ORLANDO FL 32803-5401</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WARD, LARIE C 1626 HILLCREST STREET ORLANDO, FL 32803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1237 E. LIVINGSTON ST ORLANDO FL 32803-5401</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		CHARLENE MESSENGER		407-895-0540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/14/06		Daytime Phone #	