

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000091461

Entity Name: UK2USA INVESTMENTS, INC.

FILED
Sep 20, 2005
Secretary of State

Current Principal Place of Business:

645 ROB ROY DR - HIGHLAND ESTATES
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

645 ROB ROY DR - HIGHLAND ESTATES
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 16-1703383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENS, ANDREW
645 ROB ROY DR - HIGHLAND ESTATES
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

STEVENS, JANE L
645 ROB ROY DR - HIGHLAND ESTATES
CLERMONT, FL 34711 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: JANE STEVENS

09/20/2005

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: PD () Delete
Name: STEVENS, ANDREW
Address: 645 ROB ROY DR - HIGHLAND ESTATES
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENS, JANE
Address: 645 ROB ROY DR - HIGHLAND ESTATES
City-St-Zip: CLERMONT, FL 34711

Title: V PD () Change (X) Addition
Name: GUPTA, ANIL
Address: 1239 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANE STEVENS

PD

09/20/2005

Electronic Signature of Signing Officer or Director

Date