2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000095448

PARADIES, JENNY

METRO MANILA PHILLIPINES,

Name:

Address: City-St-Zip:

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FILED Feb 21, 2006 Secretary of State

Entity Name: WILCAR INVESTMENT HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 200 OCEAN LANE DRIVE APT. 901 KEY BISCAYNE, FL 33149 **New Mailing Address: Current Mailing Address:** 200 OCEAN LANE DRIVE APT. 901 KEY BISCAYNE, FL 33149 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDMONDS, P.A. 5108 SW 20TH AVE CAPE CORAL, FL 33914 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: BY E.S. DAVILA AS ATTORNEY-IN-FACT 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: () Delete () Change () Addition PARADIES, STEPHEN Name: Name: 11 ABELARDO ST. SAN LORENXO VILL. MAKATI C Address: Address: City-St-Zip: METRO MANILA PHILLIPINES, City-St-Zip: Title: Title: () Delete () Change () Addition Name: PARADIES, ROBERT Name: 11 ABELARDO ST. SAN LORENXO VILL. MAKATI C Address: Address: METRO MANILA PHILLIPINES, City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BY E.S. DAVILA AS ATTORNEY-IN-FACT

11 ABELARDO ST. SAN LORENXO VILL. MAKATI C

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02/21/2006