2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000095501

Entity Name: LOCKHART MANAGEMENT SERVICES, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5291 W. OAKRIDGE ROAD 8441 LAKE BURDEN CIRCLE ORLANDO, FL 32819 US WINDERMERE, FL 34786 US

Current Mailing Address: New Mailing Address:

5291 W. OAKRIDGE ROAD 8441 LAKE BURDEN CIRCLE ORLANDO, FL 32819 US WINDERMERE, FL 34786 US

FEI Number: 20-1595514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNVILLE, ROY
5291 W. OAKRIDGE ROAD
ORLANDO, FL 32819 US

DUNVILLE, ROY
8441 LAKE BURDEN CIRCLE
WINDERMERE, FL 34786 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: ROY DUNVILLE 01/16/2008

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 ().

Election Campaign Financing Trust Fund Continuation ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DUNVILLE, JUDITH DUNVILLE, NICHOLAS Name: Name: 5291 W. OAKRIDGE ROAD 8441 LAKE BURDEN CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32819 UK City-St-Zip: WINDERMERE, FL 34786 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: DUNVILLE, ROY Name: DUNVILLE, ROY

Address: 23 ST. PAUL'S DRIVE Address: 8441 LAKE BURDEN CIRCLE City-St-Zip: MT. PLEASANT, TYNE AND WEAR, UK DH4 7SH UK City-St-Zip: WINDERMERE, FL 34786 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: DUNVILLE, NICHOLAS Name: DUNVILLE, JUDITH

Address: 23 ST. PAUL'S DRIVE Address: 8441 LAKE BURDEN CIRCLE City-St-Zip: MT. PLEASANT, TYNE AND WEAR, UK DH4 7SH UK City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify 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: ROY DUNVILLE MR 01/16/2008