## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000103881

Entity Name: PERSONALIZED BY ME, INC.

FILED Feb 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

201 GALEN DR. 1025 ANDORA AVE. 116 MIAMI, FL 33146 US

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

201 GALEN DR. 1025 ANDORA AVE. 116 MIAMI, FL 33146 US

KEY BISCAYNE, FL 33149 US

FEI Number: 73-1711140 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:

BOWER LAW FIRM, P.A. 370 MINORCA AVE. 9

CORAL GABLES, FL 33134 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: TIM BOWER

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

 Name:
 BOWER, KATA K
 Name:
 BOWER, KATA K

 Address:
 575 CRANDON BLVD. #905
 Address:
 1025 ANDORA AVE.

 City-St-Zip:
 KEY BISCAYNE, FL 33149 US
 City-St-Zip:
 MIAMI, FL 33146 US

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

 Name:
 MENDOZA, EDITH A
 Name:

 Address:
 201 GALEN DR. #116
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149 US
 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: KATA BOWER P 02/26/2006