2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# P04000141832

Entity Name: ANTHONY OWENS & ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 228023
MIAMI, FL 33122

New Principal Place of Business:

P.O. BOX 2131
DAVENPORT, FL 33836

Current Mailing Address:

P.O. BOX 228023
MIAMI, FL 33122

New Mailing Address:

P.O. BOX 2131
DAVENPORT, FL 33836

FEI Number: 20-1741283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, ANTHONY
2631 CEDARIDGE CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

OWENS, ANTHONY
662 LAKE CHARLES DR.
DAVENPORT, FL 33837 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: ANTHONY OWENS 03/14/2006
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: P ( ) Delete
Name: OWENS, ANTHONY
Address: 2631 CEDARIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: OWENS, LIDIA
Address: 2631 CEDARIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OWENS, ANTHONY
Address: 662 LAKE CHARLES DR
City-St-Zip: DAVENPORT, FL 33837

Title: S (X) Change ( ) Addition
Name: OWENS, LIDIA
Address: 662 LAKE CHARLES DR.
City-St-Zip: DAVENPORT, FL 33837

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: ANTHONY OWENS P 03/14/2006
Electronic Signature of Signing Officer or Director Date