2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142606

Entity Name: TWO BEEZ, INC.

FILED Apr 05, 2006 Secretary of State

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

6300 N WICKHAM RD #123 777 E MERRITT ISLAND CSWY MELBOURNE, FL 32940 MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

6300 N WICKHAM RD #123 100 RIALTO PLACE MELBOURNE, FL 32940 875 MELBOURNE, FL 32901

FEI Number: 20-1754217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BLACKFORD, GERALDINE S

100 RIALTO PLACE #875

MELBOURNE, FL 32901 US

BLACKFORD, ROBERT N

100 RIALTO PLACE

875

MELBOURNE, FL 32901 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: ROBERT N. BLACKFORD 04/05/2006

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: D () Delete
Name: BLACKFORD, GERALDINE S

Address: 1931 ALMA DR

City-St-Zip: W MELBOURNE, FL 32904

 Title:
 D
 (X) Delete

 Name:
 BLACKFORD, ROBERT N

 Address:
 100 RIALTO PLACE #875

 City-St-Zip:
 MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACKFORD, ROBERT N
Address: 100 RIALTO PLACE, SUITE 875
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition

Name: Address: 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: ROBERT N. BLACKFORD D 04/05/2006