2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# P04000153080

Entity Name: MHS ENTERPRISES, INC.

Current Principal Place of Business:

11125 PK BLVD BLDG 104 STE 343
SEMINOLE, FL 33772

New Principal Place of Business:

10864 101ST AVE N
SEMINOLE, FL 33772

Current Mailing Address:

11125 PK BLVD BLDG 104 STE 343
SEMINOLE, FL 33772

New Mailing Address:

10864 101ST AVE N
SEMINOLE, FL 33772

FEI Number: 59-3787672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ROHRET & ASSOCIATES INC
1301 SEMINOLE BLVD
C-128
LARGO, FL 33770 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: KARIN ROHRET 10/18/2006
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: PSTD ( ) Delete
Name: SMITH, MAYNARD H
Address: 11125 PK BLVD BLDG 104 STE 343
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Delete
Name: CASABIER, DAVID
Address: 11125 PK BLVD BLDG 104 STE 343
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SMITH, MAYNARD H
Address: 10864 101ST AVE N
City-St-Zip: SEMINOLE, FL 33772

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: MAYNARD SMITH P 10/18/2006
Electronic Signature of Signing Officer or Director Date