2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2005
Secretary of State

DOCUMENT# P04000153431

Entity Name: N.E.1, INC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

1836 CHERRY RIDGE DR.
HEATHROW, FL 32746

Current Mailing Address:

4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

1836 CHERRY RIDGE DR.
HEATHROW, FL 32746

FEI Number: 72-1602142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, LOUISE M
4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

COX, LOUISE M
1836 CHERRY RIDGE DR.
HEATHROW, FL 32746 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: LOUISE M. COX 11/15/2005
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: PD ( ) Delete
Name: COX, LOUISE M
Address: 4000 PONCE DE LEON BLVD. SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: COX, DARREN LEE
Address: 4000 PONCE DE LEON BLVD. SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COX, LOUISE M
Address: 1836 CHERRY RIDGE DR.
City-St-Zip: HEATHROW, FL 32746

Title: VD (X) Change ( ) Addition
Name: COX, DARREN LEE
Address: 1836 CHERRY RIDGE DR.
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUISE M. COX PD 11/15/2005
Electronic Signature of Signing Officer or Director Date