

Jul-01-2005 10:14am

From-DAVID WILLIAMS LAW FIRM PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

EXERE, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EXERE, INC.
2. The principal office address: 271 NE 27 STREET, MIAMI, FL 33137
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11/18/2004 Document number: P0400157586
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Piero Salussola Corporation Management, Inc.

1548 Brickell Avenue, 3rd Floor

Miami, Florida 33129

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Agents & Corporation, Inc.

Suite E, 773 4th Ave. N.

(P.O. Box NOT acceptable)

Naples, FL 34102

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Printed or typed name and title)

GIORGIO FANUCCI

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

6/30/05
(Date)

If signing on behalf of an entity:

AGENTS & CORPORATIONS, INC
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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