2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000172490

ROSE, ALEX

220 BERMUDA ST

TITUSVILLE, FL 32780

Name:

Address:

City-St-Zip:

Entity Name: MUTTER INVESTMENTS, INC.

FILED Dec 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2507 GARDEN ST TITUSVILLE, FL 32796 **Current Mailing Address: New Mailing Address:** 2507 GARDEN ST TITUSVILLE, FL 32796 FEI Number: 20-2117649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUTTER, BOBBY G 3405 JOHNS ROAD MIMS, FL 32754 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: BOBBY G. MUTTER Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MUTTER, BOBBY G Name: Name: 3405 JOHNS ROAD Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MUTTER, CLARA L Name: 3405 JOHNS ROAD Address: Address: MIMS, FL 32754 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MUTTER, JAMES Name: Name: 3405 JOHNS ROAD Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARA L. MUTTER VP 12/20/2007