2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000000002

Entity Name: KOODLEY.COM, INC.

FILED Nov 17, 2005 Secretary of State

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

1835 EAST HALLANDALEBEACH BLVD 20533 BISCAYNE BLCD HALLANDALE BEACH, FL 33009 SUITE 353

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

1835 EAST HALLANDALEBEACH BLVD HALLANDALE BEACH, FL 33009

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

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

SIMON, TAMARA

1835 EAST HALLANDALEBEACH BLVD
HALLANDALE BEACH, FL 33009 US
SUITE 353
AVENTURA, FL 33180 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: TAMARA SIMON 11/17/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: SIMON, TAMARA
Name: SIMON, TAMARA

 Address:
 19501 W COUNTRY CLUB DRIVE #101
 Address:
 20533 BISCAYNE BLVD

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180

Name: ATTAL, ALAIN Name: ATTAL, ALAIN

 Address:
 19501 W COUNTRY CLUB DRIVE #101
 Address:
 20533 BISCAYNE BLVD

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180

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: TAMARA SIMON D 11/17/2005