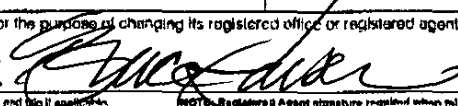
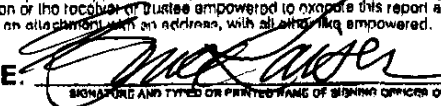


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000000643			
1. Entity Name BUILDING IDENTITY GROUP, INC.			
Principal Place of Business 6120-K EDGEWATER DR ORLANDO, FL 32810		Mailing Address 6120-K EDGEWATER DR ORLANDO, FL 32810	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1919896		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAISER, BRUCE L 3600 WILDER LANE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and except the obligations of registered agent. SIGNATURE: BRUCE KAISER  DATE: 10/3/06			
FILE NOW!!! PER IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BRUCE KAISER 3600 WILDER LANE ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 600090453656 10/04/06--01023--010 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 600090453656 10/04/06--01023--011 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the holder of a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filing empowered.			
SIGNATURE:  BRUCE KAISER		DATE: OCT 3, 2006	

FILED

2006 OCT -4 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09282006 REIN-P CR2E098 (11/05)

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