

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000013792

FILED
Dec 12, 2006
Secretary of State

Entity Name: ELECTRONIC DOCUMENT MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

12907 ROYAL GEORGE AVE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

12907 ROYAL GEORGE AVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-2230113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEUPO, KENNETH
12907 ROYAL GEORGE AVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: KENNETH LIEUPO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIEUPO, KENNETH
Address: 12907 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556 US

Title: VP () Delete
Name: LIEUPO, ROBERTA
Address: 12907 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556 US

Title: S () Delete
Name: LIEUPO, ROBERTA
Address: 12907 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556 US

Title: T () Delete
Name: LIEUPO, ROBERTA
Address: 12907 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ROBERTA LIEUPO

Electronic Signature of Signing Officer or Director

VP

12/12/2006

Date