
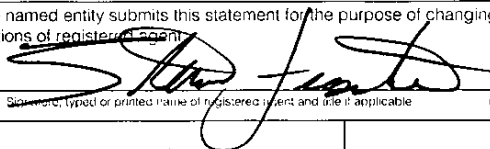


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000022370			
1. Entity Name THE NARCOOSSEE NAVIGATOR, INC.			
Principal Place of Business 629 MARINER WAY ALTAMONTE SPRINGS, FL 32701		Mailing Address 629 MARINER WAY ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 6445 S. Chickasaw Trail Suite, Apt. #, etc. 170 City & State Orlando FL Zip 32829 Country Orange		3. Mailing Address 6445 S. Chickasaw Trail Suite, Apt. #, etc. 170 City & State Orlando FL Zip 32829 Country Orange	
6. Name and Address of Current Registered Agent FUSILIER, STEVE R 1961 ALOMA AVE SUITE 161 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Steven R Fusilier Street Address (P.O. Box Number is Not Acceptable) 6445 S. Chickasaw Trail #170 City Orlando FL Zip Code 32829	
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 accept the obligations of registered agent.			
SIGNATURE: 		DATE: 10/13/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUSILIER, STEVE R 1961 ALOMA AVE, SUITE 161 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fusilier, Steven R 6445 S. Chickasaw Trail #170 Orlando, FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRONS, DEBBIE 1961 ALOMA AVE, SUITE 161 WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080932185 10/18/06--01004--010 ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/06

Date

407-448-2033

Daytime Phone #

10/23/06