, FOR PROFIT CORPORATION



FILED May 05, 2006 8:00 am Secretary of State

Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS SIREET	1. Entity Name OLREIDY ENTERPRISES, INC.						05-05-2006 90187 020 ***158.75			
Sulie, Apt. #. etc.		OO NOT WRITE	IN THIS SI	PAC	E		~			
TAMPA FL	8416 F	LAGSTONE DRIVE	8416 FLAGS	416 FLAGSTONE DRIVE						
Second Status Second Statu	_		1 = ' -	•		I		-		
DO NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent	/ <i>H/ハアド</i> Zip - 3コノノ	Country		Coun	itry				.75 Additional	
Signature special control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature speed or pratice name of registered agent and see a sophistic management agent	1200	5 1 V-3.17.	00010		L	7. Nam	e and Address of Current			
IN THIS SPACE 1840 Coral Way, 4th Floor City Diagnon 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Synatry 1. May 1. Fee is \$150.00 Anter May 1. Fee is \$550.00 Amended UBR 18 \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME SIRET ADDRESS CITY-ST-ZIP ITILE NAME SIRET ADDRESS	DO NOT WRITE					Spiegei & Otrera, P.A.				
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 Signature, typed or brittle name of registered agent and deer it applications and of registered agent. (NOTE Registered Agent algoriture required when reinstating) DATE					Street Add	ress (P.O. Bo	(P.O. Box Number is Not Acceptable)			
B. 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 Tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or britted name of registered agent and tide if applicable (NOTE Registered Agent algoriture required when reinstating) DATE					1840 C	oral Way,	ral Way, 4th Floor			
B. 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 Signature Propose or present name of registered agent and title if applicable (NOTE Registered Agent algorithm required when reinstating) DATE						e and	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				-			<u></u>			
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CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			NAM Stri	AE EET ADDRESS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 signalure shall have the same legal effect as if made under onthe that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	atile that the later and	this filling does not a self-	NAM Stri City	AE EET ADDRESS (-ST-ZIP	d in Section 4	ID D7/QVi) Floride States	further cortif.	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wound & Budy DONNA L. REIDY
EGF SIGNING OFFICER OF DIRECTOR