

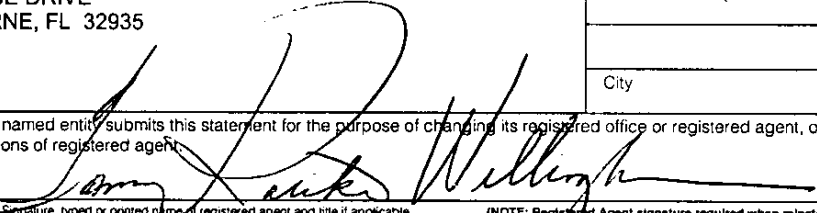
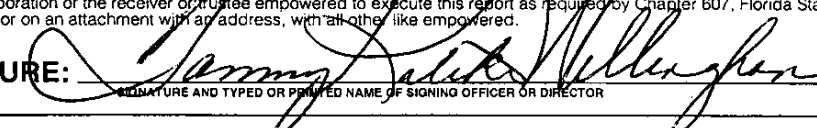


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000059357 1. Entity Name TAMMY KALIKO WILLINGHAM, INC.						FILED 06 NOV 13 PM 2: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 151 TERRACE SHORES DRIVE INDIALANTIC, FL 32903				Mailing Address 151 TERRACE SHORES DRIVE INDIALANTIC, FL 32903			
2. Principal Place of Business		3. Mailing Address		 10262006 REIN-P CR2E098 (11/05) 0.6		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
6. Name and Address of Current Registered Agent							
BICKFORD, ROBERT E P.A. 637 DENISE DRIVE MELBOURNE, FL 32935							
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: 11-06-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
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 PS <input type="checkbox"/> Delete NAME WILLINGHAM, TAMMY K STREET ADDRESS 151 TERRACE SHORES DRIVE CITY-ST-ZIP INDIALANTIC, FL 32903				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500081736305 STREET ADDRESS 11/13/06--01035--018 **150.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  DATE: 11-06-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							