

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000068187

FILED  
Oct 10, 2006  
Secretary of State

Entity Name: GROWTH PERFORMANCE, INC.

## Current Principal Place of Business:

217 CEZANNE CIR  
ST AUGUSTINE, FL 32095 US

## New Principal Place of Business:

217 CEZANNE CIR  
PONTE VEDRA, FL 32081 US

## Current Mailing Address:

217 CEZANNE CIR  
ST AUGUSTINE, FL 32095 US

## New Mailing Address:

217 CEZANNE CIR  
PONTE VEDRA, FL 32081 US

FEI Number: 20-2812944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNETT, JARROD  
217 CEZANNE CIR  
ST AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

BENNETT, JARROD  
217 CEZANNE CIR  
PONTE VEDRA, FL 32081 US

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: JARROD BENNETT

10/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: BENNETT, JARROD  
Address: 217 CEZANNE CIR  
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: VP D ( ) Delete  
Name: MCFADDEN, SCOTT  
Address: 1861 ALBERTA CT.  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: T D ( ) Delete  
Name: MATOS, MIKE  
Address: 13300 ATLANTIC BLVD #102  
City-St-Zip: JACKSONVILLE, FL 32225 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: BENNETT, JARROD  
Address: 217 CEZANNE CIR  
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: VP D (X) Change ( ) Addition  
Name: MATOS, MIKE  
Address: 1309 DUNS LAKE DR.  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T D (X) Change ( ) Addition  
Name: TARNER, JULIE  
Address: 217 CEZANNE CIR  
City-St-Zip: PONTE VEDRA, FL 32081 US

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: JARROD BENNETT

PD

10/10/2006

Electronic Signature of Signing Officer or Director

Date