2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080264

City-St-Zip:

FILED May 21, 2007 Secretary of State

Entity Name: CANAM CONSULTING INC **Current Principal Place of Business: New Principal Place of Business:** 1000 S OCEAN BLVD APT 12F POMPANO BEACH, FL 33062 **New Mailing Address: Current Mailing Address:** 1000 S OCEAN BLVD APT 12F POMPANO BEACH, FL 33062 FEI Number: 56-2516986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILLAGOMEZ, SANDER NEXT DAY TAX, INC 2457 EAST COMMERCIAL BLVD 2500 N. FEDERAL HWY FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33305 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: SANDER VILLAGOMEZ 05/21/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUOT, GUY Name: Name: 1000 S OCEAN BLVD APT 12F Address: Address: City-St-Zip: POMPANO BCH, FL 33062 City-St-Zip: Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: HUOT, DOMINIC Name: HUOT, STEPHANIE 1000 S OCEAN BLVD APT 12F 3297 NW 47TH AVE Address: Address: POMPANO BCH, FL 33062 POMPANO BEACH, FL 33063 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: HUOT, GINETTE Name: 1000 S OCEAN BLVD APT 12F Address Address:

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

City-St-Zip:

POMPANO BCH, FL 33062

SIGNATURE: GUY HUOT PD 05/21/2007