

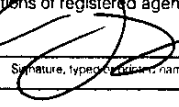
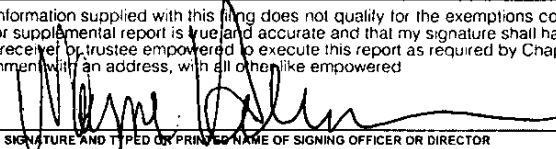


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000090996						FILED 07 AUG 13 PM 2:56 STATE OF FLORIDA	
1. Entity Name MINDGAMMON, INC.							
Principal Place of Business 11811 AVENUE OF PGA # 1H-2 PALM BEACH GARDENS, FL 33418 US				Mailing Address 11811 AVENUE OF PGA NO. 1H-2 PALM BEACH GARDENS, FL 33418 US			
2. Principal Place of Business - No P.O. Box # 3300 PGA Blvd		3. Mailing Address 3300 PGA Blvd		 REINSTATEMENT 07012007 REINSTATEMENT 06-07			
Suite, Apt. #, etc. 990		Suite, Apt. #, etc. 990					
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL					
Zip 33410		Country US		Zip 33410		Country US	
4. FEI Number 20-3189965				5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROOKS, DONALD L 725 NO. A1A E-109 JUPITER, FL 33477				7. Name and Address of New Registered Agent Name: JAY Fischer Street Address (P.O. Box Number is Not Acceptable) 3300 PGA Blvd #990 City: Palm Beach Gardens FL Zip Code: 33410			
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: 8/2/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME HULSEN, WAYNE D STREET ADDRESS 11811 AVENUE OF PGA, # 1H-2 CITY-ST-ZIP PALM BEACH GADENS, FL 33408	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600107972276 08/13/07--01050--001 **900.00		
TITLE VPST NAME BAILEY, CHRISTIAN F STREET ADDRESS 269 S.W. PANTHER TRACE CITY-ST-ZIP PT. ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$78/14		
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: 				Date: 8-2-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			