

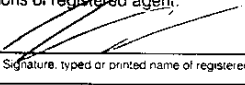
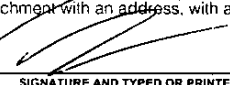


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000095077 1. Entity Name ZADIGGLE PUBLISHING, INC.						FILED 06 DEC 13 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3626 TAMiami TRAIL SUITE Z PORT CHARLOTTE, FL 33952 US				Mailing Address PO BOX 380321 MURDOCK, FL 33938 US			
2. Principal Place of Business 126 E. Olympia Ave. Suite, Apt. #, etc. Suite # 301		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2006			
City & State Punta Gorda, FL		City & State		4. FEI Number 65-1254456		Applied For <input type="checkbox"/> Not Applicable	
Zip 33950 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIGUEREDO, MARK A 22181 RIVERHEAD AVENUE PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Mark A. Figueredo Street Address (P.O. Box Number is Not Acceptable) 21440 Dranson Ave. City Port Charlotte FL Zip Code 33952			
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  Mark A. Figueredo, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEREDO, MARK A PO BOX 380321 MURDOCK, FL 33938 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Figueredo, Mark A. 21440 Dranson Ave. Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change in address <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082521473 12/13/06--01046--004 **150.00 <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		
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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:  Mark A. Figueredo, President 941.205.2410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							