2008 FOR PROFIT CORPORATION

Apr 02, 2008 08:00 All Secretary of State **DOCUMENT # P05000101401** PAYTON SERVICES, INC. Mailing Address Principal Place of Business 1473 BANKS ROAD 1473 BANKS ROAD MARGATE, FL 33063 MARGATE, FL 33063 US No Chg-P CR2E034 (11/05) 01292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PAYTON, TIMOTHY 1473 BANKS ROAD MARGATE, FL 33063 IN THIS SPACE 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. Superiuse, byond or printed name of registered apart and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000877500 04/14/08-80017-002 150.00 OFFICERS AND DIRECTORS 10. TITLE PAYTON, TIMOTHY NAME 1473 BANKS ROAD STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAMÉ

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 fustee employered to execute this report as repuired 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 employered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED