2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000105136

Entity Name: RYALKY MANAGEMENT CORPORATION

FILED Oct 07, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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5975 WINCHESTER ISLE ROAD 458 CHELSEA AVENUE ORLANDO, FL 32829 US DAVENPORT, FL 33837 US

Current Mailing Address: New Mailing Address:

5975 WINCHESTER ISLE ROAD 458 CHELSEA AVENUE ORLANDO, FL 32829 US DAVENPORT, FL 33837 US

FEI Number: 20-3226453 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:

ACCOUNTING AND COMPUTER SERVICES, INC 582 PALIO COURT OCOEE, FL 34761 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: PHILIP SCANTLEBURRY

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: P () Delete Title: P (X) Change () Addition

 Name:
 NGOIE, MONICA
 Name:
 NGOIE, MONICA

 Address:
 5975 WINCHESTER ISLE ROAD
 Address:
 458 CHELSEA AVENUE

 City-St-Zip:
 ORLANDO, FL 32829 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 NGOIE, CHRISTIAN
 Name:
 NGOIE, CHRISTIAN

 Address:
 5975 WINCHESTER ISLE ROAD
 Address:
 458 CHELSEA AVENUE

 City-St-Zip:
 ORLANDO, FL 32829 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

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.

SIGNATURE: CHRISTIAN NGOIE VP 10/07/2007