## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000111423

Entity Name: FRONTERRA DE PAZ, INC.

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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101 ONIEDO ST. 409 CANTERBURY LANE

GULF BREEZE, FL 32561 US GULF BREEZE, FL 32561 US

Current Mailing Address: New Mailing Address:

101 ONIEDO ST. PO BOX 189

GULF BREEZE, FL 32561 US GULF BREEZE, FL 32562 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HICKEY, RAYMOND G 913 GULF BREEZE PKWY SUITE 5 GULF BREEZE, FL 32561 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: RAYMOND HICKEY

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

Name: PAPAJOHN, GREG Name: PAPAJOHN, GREG

 Address:
 101 OUIEDO ST.
 Address:
 PO BOX 189

 City-St-Zip:
 GULF BREEZE, FL 32561 US
 City-St-Zip:
 GULF BREEZE, FL 32562 US

Title: D. ( ) Delete Title: D (X) Change ( ) Addition Name: EDDY, EDWIN Name: JOHN H, POWELL

Address: 101 OUIEDO ST. Address: PO BOX 189

City-St-Zip: GULF BREEZE, FL 32561 US City-St-Zip: GULF BREEZE, FL 32562 US

Title: D. (X) Delete Title: ( ) Change ( ) Addition

Name: MUSMANSKY, SCOTT Name:
Address: 101 OUIEDO ST. Address:

City-St-Zip: GULF BREEZE, FL 32561 US City-St-Zip:

Title: D. (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CEDARQUIST, DAVID
 Name:

 Address:
 101 OUIEDO ST.
 Address:

 City-St-Zip:
 GULF BREEZE, FL 32561 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREG PAPAJOHN D 02/14/2007