2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 20, 2008
Secretary of State

DOCUMENT# P05000118321

Entity Name: NEW FLORIDA VENTURES, INC.

Current Principal Place of Business:

3785 SW COUNTY RD 769
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

PO BOX 7399
NORTH PORT, FL 34287

New Mailing Address:

P.O. BOX 610
BELLEVILLE, MI 48112

FEI Number: 20-3363337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34013 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: JOHN PAULICH, III, AS ITS MEMBER 11/20/2008
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:

Title: P ( ) Delete
Name: STILLWAGON, JOSEPH
Address: PO BOX 7399
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Delete
Name: HILTS, LESTER W
Address: PO BOX 7399
City-St-Zip: NORTH PORT, FL 34287

Title: TREA (X) Delete
Name: NITZSCHKE, ERIC
Address: PO BOX 7399
City-St-Zip: NORTH PORT, FL 34287

Title: SEC (X) Delete
Name: NITZSCHKE, ERIC
Address: PO BOX 7399
City-St-Zip: NORTH PORT, FL 34287

Title: DIR (X) Delete
Name: CICOTTE, GREG
Address: PO BOX 7399
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: CICOTTE, GREG
Address: P.O. BOX 610
City-St-Zip: BELLEVILLE, MI 48112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GREG CICOTTE DPST 11/20/2008
Electronic Signature of Signing Officer or Director Date