2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# P05000125231

Entity Name: HYPNOSIS FOR SUCCESS INC.

Current Principal Place of Business:

305 E. 12TH ST.
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

20610 N STATE RD 121
LACROSSE, FL 32658 US

Current Mailing Address:

305 E. 12TH ST.
LEHIGH ACRES, FL 33936 US

New Mailing Address:

PO BOX 300
LACROSSE, FL 32658 US

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

Name and Address of Current Registered Agent:

LAPIDEZ, WAYNE
305 E. 12TH ST.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

LAPIDEZ, R WAYNE
20610 N. STATE RD. 121
LACROSSE, FL 32658 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: R W LAPIDEZ 06/18/2007
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: DIR ( ) Delete
Name: LAPIDEZ, WAYNE
Address: P.O. BOX 1226
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: P ( ) Delete
Name: LAPIDEZ, WAYNE
Address: P.O. BOX 1266
City-St-Zip: LEHIGH ACRES, FL 33970 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: LAPIDEZ, R WAYNE
Address: PO BOX 300
City-St-Zip: LACROSSE, FL 32658 US

Title: P (X) Change ( ) Addition
Name: LAPIDEZ, R WAYNE
Address: PO BOX 300
City-St-Zip: LACROSSE, FL 32658 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: R W LAPIDEZ MR. 06/18/2007
Electronic Signature of Signing Officer or Director Date