2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# P05000128815

Entity Name: ASHMEAD & WHITE CONSULTING, INC.

Current Principal Place of Business:

11252 SW 129 COURT
MIAMI, FL 33186

New Principal Place of Business:

324 LOWER MAHOGANY RUN
ST. THOMAS, VI 00802 VI

Current Mailing Address:

11252 SW 129 COURT
MIAMI, FL 33186

New Mailing Address:

2004 BAKERY SQUARE
PMB 50
ST. THOMAS, VI 00802 VI

FEI Number: 20-3517059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLIMORE, SCOTT A
11252 SW 129 COURT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

WASSERMAN, GAIL I
4700 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 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: GAIL WASSERMAN 01/12/2007
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: P ( ) Delete
Name: GALLIMORE, SCOTT A
Address: 11252 SW 129 COURT
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete
Name: GALLIMORE, SCOTT A
Address: 11252 SW 129 COURT
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: GALLIMORE, SCOTT A
Address: 11252 SW 129 COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WASSERMAN, GAIL I
Address: 324 LOWER MAHOGANY RUN
City-St-Zip: ST. THOMAS, VI 00802 VI

Title: S (X) Change ( ) Addition
Name: WASSERMAN, GAIL I
Address: 324 LOWER MAHOGANY RUN
City-St-Zip: ST. THOMAS, VI 00802 VI

Title: T (X) Change ( ) Addition
Name: WASSERMAN, GAIL I
Address: 324 LOWER MAHOGANY RUN
City-St-Zip: ST. THOMAS, VI 00802 VI

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: GAIL WASSERMAN P 01/12/2007
Electronic Signature of Signing Officer or Director Date