


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000131770		
1. Entity Name TRANSWORLD SALES, INC		

FILED

2006 OCT 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3420 NW 51ST PLACE BOCA RATON, FL 33496	Mailing Address 3420 NW 51ST PLACE BOCA RATON, FL 33496
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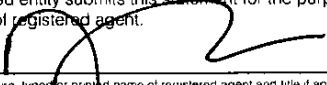
2. Principal Place of Business 540 N Highway 434 Suite 138 Bldg 2 City & State Altamonte Springs, FL Zip 32714 Country SEMIPOLE	3. Mailing Address 115 Stevens St Suite, Apt. #, etc. City & State Springfield, MA Zip 01104 Country Hampden
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10062006 REIN-P CR2E098 (11/05)

4. FEI Number 02-0752232	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent GLICK, ROBERT 10675 STONEBRIDGE BLVD BOCA RATON, FL 33498	
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7. Name and Address of New Registered Agent Name Michael Freedman Street Address (P.O. Box Number is Not Acceptable) 5895 Windsor Court City Boca Raton FL Zip Code 33498	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 10/06/2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FREEDMAN, MICHAEL STREET ADDRESS 3420 NW 51ST PLACE CITY - ST - ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE President NAME 5895 Windsor Court STREET ADDRESS Boca Raton, FL 33498 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME GLICK, ROBERT STREET ADDRESS 10675 STONEBRIDGE BLVD CITY - ST - ZIP BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE 100080827771 NAME 10/13/06--01041--003 STREET ADDRESS **158.75 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary NAME DONALD R GEORGE STREET ADDRESS 53 PINE GROVE DR CITY - ST - ZIP South Hadley, MA 01075	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE October 06, 2006 Daytime Phone #

10/19/06