2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P05000136662

Entity Name: POWELL FAMILY MANAGEMENT, INC.

Current Principal Place of Business:

P.O. BOX 277, 422 NORTH MAIN STREET
CRESTVIEW, FL 32536 US

New Principal Place of Business:

422 NORTH MAIN STREET
CRESTVIEW, FL 32536 US

Current Mailing Address:

P.O. BOX 277, 422 NORTH MAIN STREET
CRESTVIEW, FL 32536 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

POWELL, DIXIE D
P.O. BOX 277, 422 NORTH MAIN STREET
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

POWELL, DIXIE D
422 NORTH MAIN STREET
CRESTVIEW, FL 32536 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: DIXIE D. POWELL 01/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POWELL, DIXIE D
Address: P.O. BOX 277, 422 NORTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 US

Title: VPD ( ) Delete
Name: POWELL, GILLIS E JR.
Address: P.O. BOX 277, 422 NORTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 US

Title: STD ( ) Delete
Name: POWELL, AVA S
Address: P.O. BOX 277, 422 NORTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DIXIE D. POWELL PD 01/22/2007
Electronic Signature of Signing Officer or Director Date