

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 AM 9:32

DOCUMENT # P05000142275 1. Entity Name WEALTH PUZZLE MEDIA GROUP, INC.	
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Principal Place of Business 1800 PEMBROOK DR., SUITE 300 ORLANDO, FL 32810	Mailing Address 1800 PEMBROOK DR., SUITE 300 ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02142008 REIN-P CR2E098 (1/07)

5. Name and Address of Current Registered Agent EDWARD R. ALEXANDER, P.L. 200 S. ORANGE AVE. SUITE 1220 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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: *E. Alexander*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DEEMER, ANTHONY
STREET ADDRESS	1800 PEMBROOK DR., SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, GERARD
STREET ADDRESS	1800 PEMBROOK DR., SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY R. HUDSON
STREET ADDRESS	1800 PEMBROOK DR., STE. 300
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900118938999
CITY-ST-ZIP	02/27/08--01031--006 **\$900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

B 4/9/08
REINSTATEMENT 07-08

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: *Anthony Deemer* 04-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #