


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 DEC -6 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

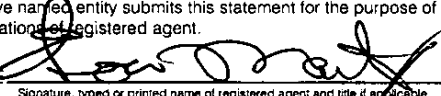
DOCUMENT # P05000145028		
1. Entity Name EUPHORIA DESIGN, INC.		

Principal Place of Business 1716 CHARLESTON WOODS CT PLANT CITY, FL 33566	Mailing Address 1716 CHARLESTON WOODS CT PLANT CITY, FL 33566
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o 200 Lake Morton Drive Suite 300 Lakeland, Florida Zip 33801	Country USA
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6. Name and Address of Current Registered Agent MARTIN, E. SNOW JR 200 LAKE MORTON DR LAKELAND, FL 33801		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.

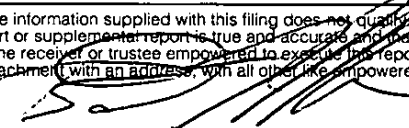
SIGNATURE:  E. Snow Martin Jr. DATE: 12-5-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADONIA, TAMELA 1716 CHARLESTON WOODS CT PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800082465658 12/12/06--01017--011 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADONIA, BATISTA J III 1716 CHARLESTON WOODS CT PLANT CITY, FL 33566 <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	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 06 PM
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:  Batista J Madonia III 11/20/06 863-425-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #