2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# P05000163781

Entity Name: MAKEOVER ENTERPRIZES INC.

Current Principal Place of Business:

1602 N GOLDENEYE LANE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

1602 N GOLDENEYE LANE
HOMESTEAD, FL 33035

New Mailing Address:

FEI Number: 11-3764638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAND, BARBARA A
1602 N GOLDENEYE LANE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

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: BARBARA A. HAND
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: HAND, BARBARA
Address: 1602 N GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: HAND, BARBARA A MS
Address: 1602 N. GOLDENEYE LN.
City-St-Zip: HOMESTEAD, FL 33035

Title: T ( ) Change (X) Addition
Name: HAND, BARBARA A MS
Address: 1602 N. GOLDENEYE LN.
City-St-Zip: HOMESTEAD, FL 33035

Title: S ( ) Change (X) Addition
Name: HAND, BARBARA A MS
Address: 1602 N. GOLDENEYE LN.
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Change (X) Addition
Name: HAND, BARBARA A MS
Address: 1602 N. GOLDENEYE LN.
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Change (X) Addition
Name: HAND, BARBARA A MS
Address: 1602 N. GOLDENEYE LN.
City-St-Zip: HOMESTEAD, FL 33035

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: BARBARA A. HAND P 10/09/2006
Electronic Signature of Signing Officer or Director Date