2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000165398

FILED Oct 14, 2006 Secretary of State

Entity Name: KINGDOM EXPRESS INC						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 6001 WEST PALM BEACH, FL 33405				3618 NORTHSHORE DR WEST PALM BEACH, FL 33407		
Current M	ailing Addres	ss:	New Mailing Address:			
P.O. BOX 6001 WEST PALM BEACH, FL 33405			3618 NORTHSHORE DR WEST PALM BEACH, FL 33407			
FEI Number:	20-4023037	FEI Number Applied For()	FEI Number Not Appl	icable()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	LFRED TH SHORE DI _M BEACH, FL					
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	RE: ALFRED					
		ic Signature of Registered Age			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice	е.		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEVEAUX, ANN P.O. BOX 6001		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARPER, ANDI P.O. BOX 1992		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HAMILTON, WI 8024 VIA HACII		Title: Name: Address: City-St-Zip:	FIELDS, YOLA 3618 NORTHS		
Title: Name: Address:	T () FIELDS, YOLAI 3618 NORTH S		Title: Name: Address:	FIELDS, ALFR	() Change () Addition ED J JR SHORE DRIVE	

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.

City-St-Zip:

SIGNATURE: ALFRED FIELDS 10/14/2006 Τ

WEST PALM BEACH, FL 33407

City-St-Zip:

WEST PALM BEACH, FL 33407