

P06000033193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Change

10/18/06--01021--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 OCT 18 AM 9:30

PR
10/19/06

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

FLORIDA STATE
SECRETARY OF CORPORATIONS
2006 OCT 16 AM 9:30

1. The name of the corporation: Anchor Archives Document Storage Corp.
2. The principal office address: 633 Cross St.
Tarpon Springs, FL 34689
3. The mailing address (if different): P.O. Box 958
Crystal Beach, FL 34681
4. Date of incorporation/qualification: 3-6-06 Document number: PA6000033193
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Resigned
10-16-06

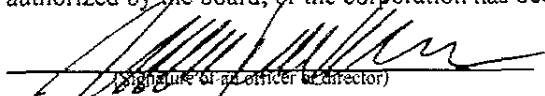
Betsy Ganiere
330 N. Spring Blvd
Tarpon Springs, FL 34689

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ulrike Grell Kallaugher
200 Grace St. (P.O. Box 645)
(P.O. Box NOT acceptable)
Crystal Beach, FL 34681-0645

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Ulrike Grell Kallaugher V. Pres
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

10-16-06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)