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May 03, 2007 8:00 am
Secretary of State

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01152007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
51-0572803	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # P06000040821

1. Entity Name
MANUFACTURE IT, INC.



Principal Place of Business	Mailing Address
800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309	800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box # 800 W. CYPRESS CREEK RD.	3. Mailing Address 800 W. CYPRESS CREEK RD.
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Suite, Apt. #, etc. SUITE 465	Suite, Apt. #, etc. SUITE 465
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City & State	City & State
FT. LAUDERDALE, FL	FT. LAUDERDALE, FL

Zip	Country	Zip	Country
33309	USA	33309	USA

6. Name and Address of Current Registered Agent		
		Name

LEGAL, LARRY 800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309	Name
	Street Address
	City

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	<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	D STERLACCI, JOSEPH 14130 DUKE WAY ALVA, FL 33920	<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	D VANDERWEY, NICO 250 1ST ST., #A BONITA SPRINGS, FL 34134	<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	D JAMES, ROBERT III 800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309	<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		<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: Jerome Reynaert JEROME REYNAERT Dir 5.1.7 934 4938800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #