## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000062265

Entity Name: EDI PROFESSIONAL SERVICES, INC

FILED Nov 06, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1909 N PINE DR 4041 PRINCETON ST FORT MYERS, FL 33907 FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2855 WINKLER AVE. APT. 107 4041 PRINCETON ST FT. MYERS, FL 33916 FT. MYERS, FL 33901

FEI Number: 20-4821975 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1261 E SAMPLE RD

POMPANO BEACH, FL 33064 US

TAX HOUSE CORPORATION

1100 S FEDERAL HWY

DEERFIELD BEACH, FL 33441 US

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: TAX HOUSE 11/06/2007

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: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: DA SILVA PEREIRA, EDVALDO Name: DA SILVA PEREIRA, EDVALDO

 Address:
 1909 N PINE DR
 Address:
 4041 PRINCETON ST

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:
 FORT MYERS, FL 33901

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DE OLIVEIRA, JOSILDO M
 Name:

 Address:
 1909 N PINE DR
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDVALDO PEREIRA PD 11/06/2007