

DEC 18 2006 2:25PM
Capital Connection

CAPITAL CONNECTION

NO 4095 P. 1

P06000100310

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

ADVANCED EXECUTIVE GROUP CORP.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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CAPITAL CONNECTION

NO. 4095 P. 2

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCED EXECUTIVE GROUP CORP.
2. The principal office address: 114 EAST HARDING ST. ORLANDO, FL 32806
3. The mailing address (if different): 117 EAST AMELIA ST. ORLANDO, FL 32801
4. Date of incorporation/qualification: 07/31/2006 Document number: P06000100310
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TRAVIS BYRD
114 EAST HARDING ST.
ORLANDO, FL 32806

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

DANIEL GRACIA
117 EAST AMELIA ST.
(P.O. Box NOT acceptable)
ORLANDO, FL 32801

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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]
(Signature of officer or director)

MICHAELANGELO HUADA - DIRECTOR
(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]
(Signature of Registered Agent)

12/18/06
(Date)

If signing on behalf of an entity:

DANIEL GRACIA
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAR. 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (RM)

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