2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000157754

Entity Name: TEAM HARVEY X-PRESS CORP.

FILED Nov 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

1800 S. STREET #205 TITUSVILLE, FL 32780 1370 WAR EAGLE BLVD TITUSVILLE, FL 32796

Current Mailing Address: New Mailing Address:

1800 S. STREET #205 P.O.BOX 2546
TITUSVILLE, FL 32780 TITUSVILLE, FL 32781

FEI Number: 87-0781188 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:

HARVEY, MELINDA
1800 S. STREET #205
TITUSVILLE, FL 32780 US

HARVEY, MELINDA
1370 WAR EAGLE BLVD
TITUSVILLE, FL 32796 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: MELINDA HARVEY 11/26/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition
Name: HARVEY, MELINDA Name: HARVEY, MELINDA
Address: 1800 S. STREET #205

 Address:
 1800 S. STREET #205
 Address:
 P.O. BOX 2546

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 TITUSVILLE, FL 32781

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

 Name:
 Name:
 SANDS, BERTHA B

 Address:
 Address:
 1370 WAR EAGLE BLVD.

 City-St-Zip:
 City-St-Zip:
 TITUSVILLE, FL 32796

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

 Name:
 Name:
 HARVEY, DWIGHT M

 Address:
 Address:
 P.O.BOX 2546

 City-St-Zip:
 City-St-Zip:
 TITUSVILLE, FL 32781

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: MELINDA HARVEY PSTD 11/26/2007