2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# P07000030642

Entity Name: D WARD RENOVATIONS INC

Current Principal Place of Business:

1395 LAKE DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520411
LONGWOOD, FL 32752 US

New Mailing Address:

1395 LAKE DRIVE
CASSELBERRY, FL 32707 US

FEI Number: 20-8569551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
1601 PARK CENTER DRIVE
SUITE 6A
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

WARD, DIANE L P
1395 LAKE DRIVE
CASSELBERRY, FL 32707 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: DIANE WARD 10/12/2009
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: VP ( ) Delete
Name: WARD, LARRY R
Address: P.O. BOX 520411
City-St-Zip: LONGWOOD, FL 32752 US

Title: P ( ) Delete
Name: WARD, DIANE
Address: P.O. BOX 520411
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: WARD, LARRY R
Address: 1395 LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: P (X) Change ( ) Addition
Name: WARD, DIANE
Address: 1395 LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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: DIANE WARD P 10/12/2009
Electronic Signature of Signing Officer or Director Date