2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000092786

Title:

Name:

Address:

City-St-Zip:

TREA

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BROADLANDS, VA 201486005 US

JOHNSON, LATANYA C

22047 AVONWORTH SQ

FILED Oct 24, 2008 Secretary of State

Entity Name: OUT-OF-THIS-WORLD VIRTUAL SERVICES INC.							
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
	NWORTH SQ NDS, VA 2014	86005 US					
Current Mailing Address:			New Mailing Address:				
	NWORTH SQ NDS, VA 2014	86005 US					
FEI Number:	26-0747644	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	IARON D DGARCE ST IT LUCIE, FL	34953 US	3947 ABER	CADET, SHARON D 3947 ABERNATHY FARM WAY ACWORTH, FL 30101 US			
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered of	ice or registered agent, or l	both,	
SIGNATUR	E: SHARON			10/24/2008			
	Electroni	c Signature of Registered Agen	t		Date		
Election Cam		(2)(b), F.S., the corporation did not in Trust Fund Contribution ().	·		O OFFICERS AND DIREC	CTORS:	
Title: Name: Address: City-St-Zip:	P () JOHNSON, LATA 22047 AVONWO	Delete NYA C	Title: Name: Address: City-St-Zip:		Change()Addition		
Title: Name: Address: City-St-Zip:	CADET, SHAROI 2556 SW EDGA		Title: Name: Address: City-St-Zip:	VP (X) CADET, SHAROI 3947 ABERNATH ACWORTH, GA	IY FARM WAY		
Title: Name: Address: City-St-Zip:	JOHNSON, LATA 22047 AVONWO		Title: Name: Address: City-St-Zip:	()(Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LATANYA JOHNSON PRES 10/24/2008

() Change () Addition