

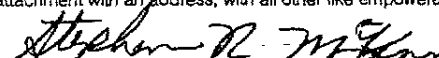


FILED
Apr 14, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P93000021086 1. Entity Name STEVE INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 2646 NW 123 WAY CORAL SPRINGS, FL 33065</div><div>Mailing Address 2646 NW 123 WAY CORAL SPRINGS, FL 33065</div></div>		<div style="display: flex; justify-content: space-between;"><div>Apr 14, 2006 08:00</div><div>Secretary of State</div></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">04102006No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 65-0395871</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																																												
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<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">6. Name and Address of Current Registered Agent MCKENNA, STEVE 2646 NW 123RD WAY CORAL SPRINGS, FL 33065</div><div style="width: 50%; text-align: center; height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div></div>																																																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																																														
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstalling)</div><div>DATE _____</div></div>																																																														
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="text-align: right;">11111111111111111111 04/28/06-80002-012 150.00</div></div>																																																														
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%; font-size: small;">TITLE</td><td style="width: 10%; font-size: small;">P</td><td style="width: 80%;">MCKENNA, STEVE</td></tr><tr><td style="font-size: small;">NAME</td><td></td><td></td></tr><tr><td style="font-size: small;">STREET ADDRESS</td><td></td><td>2646 NW 123 WAY</td></tr><tr><td style="font-size: small;">CITY-ST-ZIP</td><td></td><td>CORAL SPRINGS, FL 33065</td></tr><tr><td style="font-size: small;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: small;">NAME</td><td></td><td></td></tr><tr><td style="font-size: small;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: small;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: small;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: small;">NAME</td><td></td><td></td></tr><tr><td style="font-size: small;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: small;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: small;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: small;">NAME</td><td></td><td></td></tr><tr><td style="font-size: small;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: small;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: small;">TITLE</td><td></td><td></td></tr><tr><td style="font-size: small;">NAME</td><td></td><td></td></tr><tr><td style="font-size: small;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: small;">CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	P	MCKENNA, STEVE	NAME			STREET ADDRESS		2646 NW 123 WAY	CITY-ST-ZIP		CORAL SPRINGS, FL 33065	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
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<div style="display: flex; justify-content: space-between;"><div>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</div><div style="width: 40%; text-align: right;"><div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>4/10/06 954-345-8827</div></div><div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div></div></div>																																																														