1. Entity Name         KINGS ROW, INC.         Principal Place of Business         705 WEST COLONIAL DRIVE         ORLANDO, FL 32804         2. Principal Place of Business         Suite, Apt #, etc.         Suite, Apt #, etc.         City & State         City & State         City & State	FILED Apr 15, 2005 08:00 Secretary of Stat		
705 WEST COLONIAL DRIVE ORLANDO, FL 32804     705 WEST COLONIAL DRIVE ORLANDO, FL 32804     705 WEST COLONIAL DRIVE ORLANDO, FL 32804       2. Principal Place of Business     3. Mailing Address     01192005     Chg-P     CR2E034 (10/C       City & State     50/lio. Apt. #, etc.     01192005     Chg-P     CR2E034 (10/C       City & State     4. FEI Number 59-3203599     5     Certificate of Status Desired     \$8.75 Fee Require       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       CELANZA, RICHARD JR, TOS WEST COLONIAL DRIVE     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       ORLANDO, FL 32804     City     File above named antify submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am tamiliar w the obligations of registered agent.     City     FL     ZpC       SIGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL     ZpC       Orthory     1. State Contribution     City     R. The above named antify submits the statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am tamiliar w the obligations of registered agent.     City     FL     ZpC       SIGNATURE     OPFICERS AND DIRECTORS     11. ADD/TIONS/CHANDES TO OFFICERS AND DIRECTORS     11. ADD/TIONS/CHANDES TO OFFICERS AND DIRECTORS     11.	ui Stat		
Suite, Apt. #, etc.       9 uite, Apt. #, etc.       01192005       ChgP       CR2E034 (10/C         City & State       Chy & State       4. FEI Number 59-3203599       5         Zip       Country       Zip       Country       8. Certificate of Status Desired       F88.75         Zip       Country       State       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         CELANZA, RICHARD JR. 705 WEST COLONIAL DRIVE       Street Address (P.O. Box Number is Nor Acceptable)       City       FL       Zip         City & State      Name      Name       City       FL       Zip         Street Address (P.O. Box Number is Nor Acceptable)       City       FL       Zip       City       FL       Zip         Signary Network (Street Address Street Address Street Address (P.O. Box Number is Nor Acceptable)       City       FL       Zip       City       FL       Zip       City       FL       Zip       City       FL       Site of Florida. I am tamiliar withe obligations of registered agent.       Note: Florida. I am tamiliar withe obligations of registered agent.       City       FL       City       Difference       Site of Florida. I am tamiliar withe obligations of registered agent.       International methods and babe of Florida. I am tamiliar withe obligations of registered agent.       Internatending and			
City & State City & FL Zip C City & State City & FL Zip C			
Zip     Country     Zip     Country     S. Certificate of Status Desired     \$8.75 Fee Requirements       . Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name     Name       CELANZA, RICHARD JR. 705 WEST COLONIAL DRIVE ORLANDO, FL 32804     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       . 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 the obligations of registered agent.     Street Address (P.O. Box Number is Not Acceptable)       SIGNATURE     Street Address of Prove Registered agent.     Itors: Registered agent.     Data       SIGNATURE     Street Address of Prove Registered agent.     Data     Data       SIGNATURE     Street Address of Contribution     Street Address of Prove Registered agent.     Data       SIGNATURE     Street Address of Registered agent.     Itors: Registered agent.     Itors: Registered agent.     Data       SIGNATURE     Street Address of Procens Anto Diffectors     11.     Address of Procens Anto Diffectors     Data       Intr     OFFICERS AND Diffectors     11.     Address of OFFICERS AND DIFFEctors     Itors: Registered agent.     Changen Address Of Procens Anto Diffectors       Intr     OFFICERS AND Diffectors     11.     Address OFFICERS AND DIFFEctors     Itors: Registered agent.	13)		
Zip       Country       Zip       Country       s. Certificate of Status Desired       \$8.75         Face Requisition       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         CELANZA, RICHARD JR, 705 WEST COLONIAL DRIVE ORLANDO, FL 32804       Name       Name         City       FL       Zip         City       FL       Zip         City       FL       Zip         City       FL       Zip         Signume, typed grythod name of registered agent or dist if activated agent or dist if activate agent agen	Applied For		
	Not Applicable Additional uired		
CELANZA, RICHARD JR. 705 WEST COLONIAL DRIVE ORLANDO, FL 32804 Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL			
The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with the obligations of registered agent.     SIGNATURE     Signature. speciar printed neme of registered agent and file if applicable.     (NOTE: Registered Agent signature readined when reinstating)     DATE     FILE NOWILI FEE IS \$150.00     After May 1, 2005 Fee will be \$550.00     P. Flection Campaign Financing     Trust Fund Contribution.     OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     TITLE     OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES     11. A	Code		
TITLE     DP     Delete     TITLE     CELENZA_RICHARD T     NAME       STREET ADDRESS     705 WEST COLONIAL DRIVE     STREET ADDRESS     CITY-ST-ZIP       TITLE     Delete     TITLE     Delete       NAME     UD0000306391       STREET ADDRESS     04/15/05-80039-001       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       STREET ADDRESS     04/15/05-80039-001       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       STREET ADDRESS     014/15/05-80039-001       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       TITLE     Delete       TITLE     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP			
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ITTLE       Delete       TTTLE       Change         NAME       NAME       NAME       STREET ADDRESS       CITY-ST-ZIP         12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the of the corporation or the receiver or tryblee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 chapter (or on an attachment with grind address with all open filks empowered.			

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