DOCL Entity Na	JMENT # P94000 0	10832					
TRIPLE T SOD, INC.				FILED			
rincipal Pla	ace of Business	Mailing Address			01 00T 26	AM IO: 3	37
7428 NW 1ST DR KEECHO8EE FL 34874		17428 NW 1ST DR OKEECHOBEE FL 34974	,		SECRETARY OF STATE		
					TALLA HASSET		1
2. Principal Place of Business		3. Mailing Address		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WAITE IN THIS SPACE		
City & State		City & State	<u></u>	4. F	4. FEI Number 65-0466929		Applied For Mot Applied ble
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent		7. 1	ame and Address of New Registered		
ΔĐL	KEL, BARBARA	12.75 S.	_Name				
345	3 NW 160TH ST	,	Street Addre	ss (P.O. B	ox Number is Not Acceptable)		
OK	EECHOBEE FL 34972						
			City		. F	Zip Con	14.2
	e named entity submits this statement for \$ 77.076 (; pea or printed name of registered agent an		registered office or regi		ent, or both, in the State of Florida.		
SHATURE		FILE NOW!!		untext when ro	ent, or both, in the State of Florida. DATE 10. Election Campaign Financing	\$5.0	00 May Be
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changed, or on an attachment with an address, with all other like empowered. 11000 Date

SIGNATURE:

Barbara Arkel 3453 NW 160th Street Okeechobee, FL. 34972 863-357-0571 Cell: 863-634-1626

Oct. 17, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Subject: Addition of Officer to the Triple T Inc. Corporation # P94000010832

Enclosed please find Copy of 2001 Uniform Busines Report noted on top of page Amended, as per your office. Enclosed is check # 9352 in the amount of \$61.25.

Please make additions. Thank you for your corporation. Also the second signature and second date on form is an original.

Sincerely yours,

Barbara Arkel, Reg. Agent

Enclosure