


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000017379		
1. Entity Name UTOPIA DEVELOPMENT CORPORATION		

FILED

2005 OCT 10 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 695 CENTRAL AVENUE, ST#107 #207 SAINT PETERSBURG, FL 33701 US	Mailing Address 695 CENTRAL AVENUE, ST#107 SAINT PETERSBURG, FL 33701 US
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2. Principal Place of Business 695 Central Ave Suite, Apt. #, etc. Suite 207 City & State St. Petersburg, FL Zip 33701	3. Mailing Address 695 Central Ave Suite, Apt. #, etc. Suite 207 City & State St. Petersburg, FL Zip 33701
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10062005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent ALLARD, ERIK 695 CENTRAL AVENUE STE 107 ST. PETERSBURG BEACH, FL 33706		7. Name and Address of New Registered Agent Name Erik Allard Street Address (P.O. Box Number is Not Acceptable) 695 Central Ave Ste 207 City St. Petersburg FL Zip Code 33701	
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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.

SIGNATURE Erik Allard DATE 10-06-05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLARD, WILLIAM 695 CENTRAL AVE STE 107 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Allard <input type="checkbox"/> Change <input type="checkbox"/> Addition 695 Central Ave Ste 207 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLARD, ERIK 695 CENTRAL AVE STE 107 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erik Allard <input type="checkbox"/> Change <input type="checkbox"/> Addition 695 Central Ave Ste 207 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060460127 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/05--01081--004 **154.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <u>William Allard</u>	10/06/05	727-894-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

10/13