

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # P95000022367 (3)
1. Corporation Name
EVER CHANGING TIMES, INC.

Principal Place of Business	Mailing Address
525 S. CR 427 SUITE 149 LONGWOOD FL 32750 US	353 WEKIVA COVE ROAD LONGWOOD FL 32779

2. Principal Place of Business		2a. Mailing Address	
21	1121 East Altamonte	26	1121 E. Altamonte Drive
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	Altamonte Springs,	27	
	City & State		City & State
23	FL	28	Altamonte Springs, FL
	Zip		Zip
	Country		Country
24	32701	29	32701
25	Senonile	30	Senonile

9. Name and Address of Current Registered Agent	
PEREZ, RICARDO 353 WEKIVA COVE ROAD LONGWOOD FL 32779	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Theresa Rick Pomeroy 4/15/98

Signature of person authorized to receive service of process in the State of Florida. If the Secretary's signature is required when registering, the Secretary's signature must be obtained.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D PEREZ, RICARDO 353 WEKIVA COVE ROAD LONGWOOD FL 32779	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1121 East Altamonte Oaks Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* *P. L. P.* *4/1/09* *11-238* *3442*

CR2E034 (10/97)