2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 02, 2005
Secretary of State

DOCUMENT# P96000036339

Entity Name: THE NETSURFERS CORPORATION

Current Principal Place of Business:

900 OSCEOLA DR
#200
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

1025 MORSE BLVD
SINGER ISLAND, FL 33404 US

Current Mailing Address:

900 OSCEOLA DR
#200
WEST PALM BEACH, FL 33409 US

New Mailing Address:

1025 MORSE BLVD
SINGER ISLAND, FL 33404 US

FEI Number: 65-0662462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRON, HELEN M
900 OSCEOLA DR
SUITE 200
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

BARRON, ROBERT H
1025 MORSE BLVD
SINGER ISLAND, FL 33404 US

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.

SIGNATURE: ROBERT H BARRON 06/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STDV ( ) Delete
Name: BARRON, ROBERT H
Address: 900 OSCEOLA DR STE 200
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD (X) Delete
Name: BARRON, HELEN M
Address: 900 OSCEOLA DR STE 200
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BARRON, ROBERT H
Address: 1025 MORSE BLVD
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H BARRON PSTD 06/02/2005
Electronic Signature of Signing Officer or Director Date