

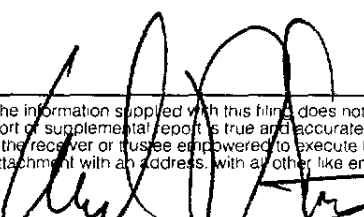


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000048387 1. Entity Name SUSTAINABLE CAMPS & RESORTS, INC.			
Principal Place of Business 500 E. BROWARD BLVD. SUITE 1950 FT LAUDERDALE, FL 33394-3079		Mailing Address 500 E. BROWARD BLVD. SUITE 1950 FT LAUDERDALE, FL 33394-3079	
DO NOT WRITE IN THIS SPACE			
		04042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0682597	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDIN, DAVID C 500 E. BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1060000329739 04/25/05-80131-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONE, EDWARD D III 2012 CORAL SHORES DR FORT LAUDERDALE, FL 33306		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE:  EDWARD D. STONE III		20 April 2005 205-9595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	