

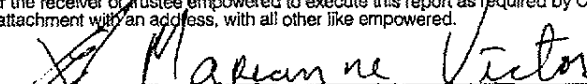


FILED

Jan 23, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P96000085163 1. Entity Name DEN SALES, INC.</div><div style="text-align: center;"></div></div>		Jan 23, 2006 08:00 AM Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 174 WINDWARD DRIVE PALM BEACH GARDENS, FL 33418</div><div>Mailing Address 174 WINDWARD DRIVE PALM BEACH GARDENS, FL 33418</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: small;">01052006No Chg-PCR2E034 (11/05)</div>																																									
DO NOT WRITE IN THIS SPACE		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 11-3171989</td><td style="width:20%; font-size: x-small;">Applied For</td></tr><tr><td></td><td style="font-size: x-small;">Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 11-3171989	Applied For		Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
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6. Name and Address of Current Registered Agent MANIANNE, VICTOR 174 WINDWARD DRIVE PALM BEACH GARDENS, FL 33418		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-size: x-small;">TITLE</td><td style="width:90%;">PSTD</td></tr><tr><td style="font-size: x-small;">NAME</td><td>VICTOR, MARIANNE F</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>174 WINDWARD DRIVE</td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td>PALM BEACH GARDENS, FL 33418</td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	VICTOR, MARIANNE F	STREET ADDRESS	174 WINDWARD DRIVE	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	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		<div style="text-align: center; font-size: 18px;">1100001341322 01/26/06-20006-002 150.00</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date 1/20/06</div><div>Daytime Phone # 5616941925</div></div>																																									