## **2008 FOR PROFIT CORPORATION**

## **FILED** Feb 04, 2008 08:00 Al Secretary of State

DOCUMENT # P9600009  1. Entity Name CHANGENEERS, INC.	2694
Principal Place of Business	Mailing Address
320 OSCEOLA AVE STE 11	320 OSCEOLA AVE STE 11
JACKSONVILLE BEACH, FL 32250 US	JACKSONVILLE BEACH, FL 32250 US



## DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3411090 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

1-30-0<u>8</u>

Fee Required

904-2<u>41-253</u>3

6. Name and Address of Current Registered Agent

MCBRIDE, JEFFREY S 3305 ZEPHYR WAY NORTH JACKSONVILLE BEACH, FL 32250

SIGNATURE

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  OATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCBRIDE, JEFFREY S 3305 ZEPHYR WAY NORTH JACKSONVILLE BEACH, FL 32250					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000814302 02/13/08-80038-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
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 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 cath; 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.						