2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000059579 DOCUMENT

6. Name and Address of Current Registered Agent

1. Entity Name

ATHENA RESOURCES, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90110 026 ***150.00

Principal Place of Business 2774 RUNYON CIRCLE ORLANDO FL 32837	Mailing Address 2774 RUNYON CIRCLE ORLANDO FL 32837			
2. Principal Place of Business	3. Mailing Address	····		10);
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKI	NG CHANGES
City & State	City & State	···	4. FEI Number	Applied For
			59-3464724	Not Applicable
Zip Country	Zip Cor	untry	5 Certificate of Status Desired	\$8.75 Additional

WALSH, GERALD V 9500 NW 37 COURT **CORAL SPRINGS FL 33065**

Name ,		
Street Address (P.O. Box Number is Not	Acceptable)	•
City	FI	Zip Code

7. Name and Address of New Registered Agent

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.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		Selection Campaign Financing Trust Fund Contribution.		O May Be I to Fees
10. OFFICERS AND DIRECTORS	11 . AD	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 JN 11
TITLE D Delete NAME ELDEN MARION N STREET ADDRESS 2774 RUNYON CIRCLE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE D Delete NAME ELDEN, RAYMOND H STREET ADDRESS 2774 RUNYON CIRCLE CITY-ST-ZIP ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition ·
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	^	☐ Change	☐ Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #