2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# P97000071810

Entity Name: JAMES EDWARD MACON, INC.

Current Principal Place of Business:

750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3463699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACON, JAMES E
750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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: JAMES E. MACON
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACON, JAMES E
Address: 750 S ORANGE BLOSSOM TRAIL SUITE 1
City-St-Zip: ORLANDO, FL 32805

Title: VPD ( ) Delete
Name: MACON, PEGGY
Address: 750 S ORANGE BLOSSOM TRAIL SUITE 1
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: MACON, FERDINAND
Address: 750 S ORANGE BLOSSOM TRAIL SUITE 1
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: MACON, DEXTER
Address: 750 S ORANGE BLOSSOM TRAIL SUITE 1
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: JAMES E. MACON PD 04/11/2006
Electronic Signature of Signing Officer or Director — Date