2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000098694

Entity Name: STONEBRIDGE FINANCIAL GROUP, INC.

FILED Dec 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16241 BRIDLEWOOD CIRCLE 2547 WINDSOR WAY CT. DELRAY BEACH, FL 33445 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

16241 BRIDLEWOOD CIRCLE 2547 WINDSOR WAY CT. DELRAY BEACH, FL 33445 WELLINGTON, FL 33414

FEI Number: 65-0794858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAYMOND, JOHN J JR C/O BUTZEL LONG 1200 N FEDERAL HIGHWAY STE 420 BOCA RATON, FL 33432 US

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: JOHN J. RAYMOND JR.

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCALESSE, RICHARD J SCALESSE, RICHARD S Name: Name: 2547 WINDSOR WAY CT. 3507 PALAIS TERR Address: Address: City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: WELLINGTON, FL 33414

Title: DP () Delete Title: VPD (X) Change () Addition

 Name:
 SCALESSE, GAIL
 Name:
 SCALESSE, GAIL

 Address:
 3507 PALAIS TERR
 Address:
 2547 WINDSOR WAY CT.

 City-St-Zip:
 WELLINGTON, FL 33467
 City-St-Zip:
 WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD SCALESSE PD 12/11/2008