

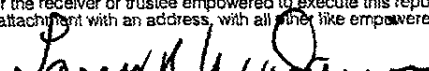


**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #P98000002740</b> 1. Entity Name L.R. MCDANIEL CONSULTING, INC.				<b>Jan 09, 2004 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business 921 GRANDE HAVEN DR. TITUSVILLE, FL 32780		Mailing Address 921 GRANDE HAVEN DR. TITUSVILLE, FL 32780			
<b>DO NOT WRITE IN THIS SPACE</b>				01062004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3494426	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MCDANIEL, LARRY R 921 GRANDE HAVEN DRIVE TITUSVILLE, FL 32780				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, LARRY R 921 GRANDE HAVEN DRIVE TITUSVILLE, FL 32780				
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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.					
SIGNATURE: 		1-06-04 321-385-9435			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			