

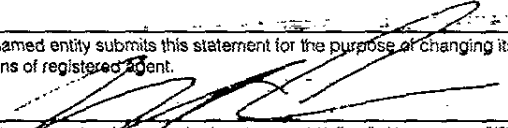
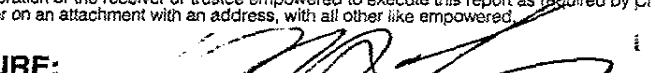


FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000102377 1. Entity Name EVAKOOL OF FLORIDA, INC.				Secretary of State	
Principal Place of Business 1748 AUSTRALIAN AVENUE UNIT 12 RIVIERA BEACH, FL 33404		Mailing Address 1748 AUSTRALIAN AVENUE UNIT 12 RIVIERA BEACH, FL 33404			
DO NOT WRITE IN THIS SPACE					
				01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0909689		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CREBER, WAYNE 1748 AUSTRALIAN AVENUE UNIT 12 RIVIERA BEACH, FL 33404				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:  (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE: 000000116119 04/16/04-80051-016 150.00					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D CREBER, WAYNE 1748 AUSTRALIAN AVE., UNIT 12 RIVIERA BEACH, FL 33404			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
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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: 		4/13/04 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					