## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000002790

Entity Name: BREATH-EZZZ, INC.

FILED May 11, 2007 Secretary of State

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

 2402 BYERS CT
 2393 BYERS CT

 NAVARRE, FL 32566
 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

P.O. BOX 844

MARY ESTHER, FL 325690844

FEI Number: 59-3555443 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEWIS, WILLIAM L
2402 BYERS CT
NAVARRE FL, FL 32566
US

MADDOX, MARIKA J
2704 CREEKS EDGE LN
NAVARRE FL, FL 32566
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: MARIKA J MADDOX 05/11/2007

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: P ( ) Delete Title: CEO (X) Change ( ) Addition

 Name:
 LEWIS, WILLIAM L
 Name:
 LEWIS, WILLIAM L

 Address:
 P.O. BOX 844
 Address:
 P.O. BOX 844

City-St-Zip: MARY ESTHER, FL 325690844 City-St-Zip: MARY ESTHER, FL 325690844

Title: C ( ) Delete Title: P (X) Change ( ) Addition

Name: ANDERSON, TANANA W Name: CUNNINGHAM, LORI

Address: P.O. BOX 844 Address: P.O. BOX 844

City-St-Zip: MARY ESTHER, FL 325690844 City-St-Zip: MARY ESTHER, FL 325690844

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name: CUNNINGHAM, LORI Name: MADDOX, MARIKA J

Address: P.O. BOX 844 Address: P.O. BOX 844

City-St-Zip: MARY ESTHER, FL 325690844 City-St-Zip: MARY ESTHER, FL 325690844

Title: C ( ) Delete Title: C (X) Change ( ) Addition

Name: NELSON, KEITH Name: ANDERSON, TANAYA W

 Address:
 P.O. BOX 844
 Address:
 P.O. BOX 844

 City-St-Zip:
 MARY ESTHER, FL 325690844
 City-St-Zip:
 MARY ESTHER, FL 325690844

Title: C ( ) Delete Title: BC (X) Change ( ) Addition

Name: BENJAMIN, GABRIEL Name: NELSON, LORRAINE

Address: PO BOX 844 Address: P.O. BOX 844

City-St-Zip: MARY ESTHER, FL 325690844 City-St-Zip: MARY ESTHER, FL 325698044

Title: C (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ANDERSON, THOMAS
 Name:

 Address:
 P.O.BOX 244
 Address:

 City-St-Zip:
 MARYESTHER, FL 325690844
 City-St-Zip:

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: MARIKA J MADDOX ST 05/11/2007