

P99000009173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

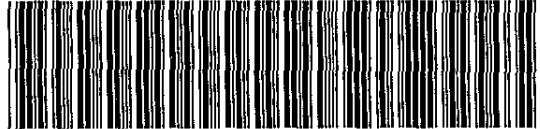
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-16
M. K. P. A.

KIESEL, HUGHES & JOHNSTON

ATTORNEYS AT LAW

2121 MCGREGOR BOULEVARD, FORT MYERS, FLORIDA 33901

A. JOHN HUGHES, JR. (239) 337-4500
RICHARD JOHNSTON, JR. (239) 337-3900
THOMAS F. KIESEL (239) 334-1800

REPLY TO: POST OFFICE BOX 1000
FORT MYERS, FLORIDA 33902
FACSIMILE (239) 337-7968

tfkiesel@aol.com

August 10, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Brick Alley, Inc.

Dear Ladies and Gentlemen:

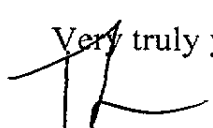
Enclosed please find the following regarding the above-referenced matter:

1. Our law firm's check no. 1841 in the sum of \$35.00 representing the change of registered agent fee;
2. Cover Letter;
3. Fully executed Statement of Change of Registered Office or Registered Agent or both for Corporations.

Upon update of your records, please provide our office with an acknowledgement letter regarding the same.

Thank you.

Very truly yours,



Thomas F. Kiesel

TFK/sns

Enclosure

cc: The Brick Alley, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BRICK ALLEY, INC.
(Name of corporation)

DOCUMENT NUMBER: P99000009173

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS F. KIESEL, ESQ.
(Name of contact person)

KIESEL, HUGHES & JOHNSTON
(Firm/Company)

2121 MCGREGOR BLVD.
(Address)

FORT MYERS, FL 33901
(City/state and zip code)

For further information concerning this matter, please call:

THOMAS F. KIESEL, ESQ. at (239) 334-1800
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE BRICK ALLEY, INC.
2. The principal office address: 2214 BAY STREET, FORT MYERS, FL 33901
3. The mailing address (if different): P.O. BOX 9363, FT. MYERS, FL 33902
4. Date of incorporation/qualification: 1/25/99 Document number: P99000009173

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KEN JONES
2320 FIRST STREET SUITE 1000
FT. MYERS, FL 33901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THOMAS F. KIESEL, ESQ.
2121 MCGREGOR BOULEVARD, FT. MYERS, FL 33901
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

PETER SCHMID, PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/8/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314