


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUL -6 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103206		
1. Entity Name ANYTHING FOAM, INC.		

Principal Place of Business 1070 SOUTH ORLANDO AVE. COCOA BEACH, FL 32931	Mailing Address 1070 SOUTH ORLANDO AVE. COCOA BEACH, FL 32931
---	---

2. Principal Place of Business 2815 S. Atlantic Ave. Suite, Apt. #, etc. APT #103 City & State Cocoa Bch, FL Zip 32932 Country Brevard	3. Mailing Address P.O. Box 320043 Suite, Apt. #, etc. City & State Cocoa Bch, FL Zip 32932-0043 Country Brevard
---	--



06142006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3610826	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 SUNDIN, GLENN T 335 SOUTH PLUMOSA STREET SUITE A MERRITT ISLAND, FL 32952	7. Name and Address of New Registered Agent Name Stewart P. Sharpe Street Address (P.O. Box Number is Not Acceptable) 2815 S. Atlantic Ave. Apt #103 City Cocoa Bch. FL Zip Code 32932
---	---

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 Stewart P. Sharpe 6-21-06  
Signature, typed, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, STEWART P 1070 SOUTH ORLANDO AVE. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart P. Sharpe 2815 S. Atlantic Ave. Apt #103 Cocoa Bch, FL 32932 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stewart P. Sharpe 6/21/06 321-501-1216  
Signature and typed or printed name of signing officer or director Date Daytime Phone #