2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000109453

Entity Name: SPINNAKER FINANCIAL SERVICES, INC.

FILED Sep 29, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

904 ADDISON DRIVE NE 3450 LAKESIDE DRIVE

ST. PETERSBURG, FL 33617 SUITE 400

MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

904 ADDISON DRIVE NE 3450 LAKESIDE DRIVE ST. PETERSBURG, FL 33617 SUITE 400

MIRAMAR, FL 33027

PETER, MCGRAIL

FEI Number: 59-3615941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RITCHIE, LOUIS M 904 ADDÍSON DRIVE NE ST. PETERSBURG, FL 33617 US

3450 LAKESIDE DRIVE SUITE 400

MIRAMAR, FL 33027 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: PETER MCGRAIL 09/29/2005

> 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:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete RITCHIE, LOUIS M MCGRAIL, PETER Name:

Name: 904 ADDISON DRIVE NE 3450 LAKESIDE DRIVE, STE 400 Address: Address:

MIRAMAR, FL 33027 City-St-Zip: ST. PETERSBURG, FL 33617 City-St-Zip:

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

Name: Name: LATHROP, CHARLES

Address: Address: 3450 LAKESIDE DRIVE, STE 400

MIRAMAR, FL 33027 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER MCGRAIL **CFO** 09/29/2005