

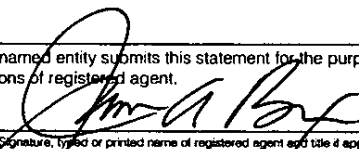
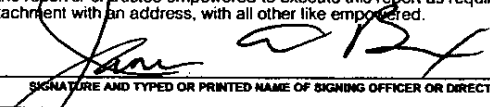


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S24086 1. Entity Name CHRISTIAN MANAGEMENT SERVICES INC.						FILED 06 APR 20 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT (11/05) OS-06	
Principal Place of Business 612 S. COPELAND STREET TALLAHASSEE, FL 32304				Mailing Address 612 S. COPELAND STREET TALLAHASSEE, FL 32304			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 3015 WINDSOR WAY Suite, Apt. #, etc.			4. FEI Number 65-0251812 Applied For <input type="checkbox"/> Not Applicable	
City & State TALLAHASSEE, FL			City & State TALLAHASSEE, FL				
Zip 32312		Country					
6. Name and Address of Current Registered Agent BAX, JAMES A 612 S. COPELAND STREET TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name BAX, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 3015 WINDSOR WAY City TALLAHASSEE FL Zip Code 32312			
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:  DATE: 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 PST <input type="checkbox"/> Delete NAME BAX, JAMES A STREET ADDRESS 612 S. COPELAND STREET CITY-ST-ZIP TALLAHASSEE, FL 32304				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CHRISTIAN J. BAX STREET ADDRESS 3015 WINDSOR WAY CITY-ST-ZIP TALLAHASSEE, FL 32312			
TITLE * <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
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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: 				Date 4/17/06		Daytime Phone # 850 3837760	