

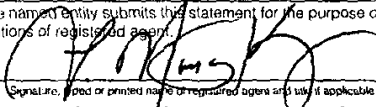
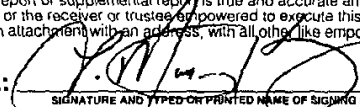


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S53820 1. Entity Name SOUTH WALTON EQUITIES, INC.						05 SEP 23 PM 1:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05 	
Principal Place of Business 10221 W EMERALD COAST PKWY SUITE 26 MIRAMAR BEACH, FL 32550 US				Mailing Address 10221 W EMERALD COAST PKWY SUITE 26 MIRAMAR BEACH, FL 32550 US			
2. Principal Place of Business 420 East Pine Avenue Suite, Apt. #, etc.				3. Mailing Address P.O. Box 727 Suite, Apt. #, etc.			
City & State Crestview, FL				City & State Crestview, FL			
Zip 32536		Country USA		Zip 32536		Country USA	
6. Name and Address of Current Registered Agent WALLACE, W. WADE 10221 W EMERALD COAST PKWY. SUITE 26 MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent Name T. Martin Knopes Street Address (P.O. Box Number is Not Acceptable) 420 East Pine Avenue City Crestview FL Zip Code 32536			
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 9/21/05							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP PTD WALLACE, DANICE M 58 SARASOTA ST. MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP P/D T. Martin Knopes XXXXXXXXXX 420 East Pine Avenue Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP VSD WALLACE, W WADE 58 SARASOTA ST. MIRAMAR BEACH, FL 32550 <input checked="" 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			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				9/21/05 850/683-0700 <small>Date Daytime Phone #</small>			