

**AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 555273

1. Entity Name
MEMPHRE LIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Cheffy Passidomo, Suite, Wilson & Johnson, LLP 821 Fifth Avenue South #201	3. Mailing Address c/o Cheffy Passidomo, Wilson & Johnson, LLP Suite, Apt. #, etc & Johnson, LLP 821 Fifth Ave. South, #201
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DO NOT WRITE IN THIS SPACE

City & State Naples, Florida	City & State Naples, Florida	4. FEI Number 65-0271153	Applied For <input type="checkbox"/> Not Applicable
Zip 34102	Country USA	Zip 34102	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

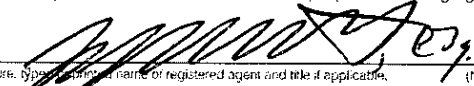
Name
Jeff M. Novatt, Esq.

Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South

Suite 201

City
Naples, FL Zip Code
34102

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.

SIGNATURE  DATE **6/20/02**

Signature typed in name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE P/D	NAME Patricia A.D. Miller	STREET ADDRESS 3 Westmount Square, Apt. 1911	CITY-ST-ZIP Montreal, Quebec H3Z 2S5 Canada
TITLE T/S/D	NAME Jane E. Lamberson	STREET ADDRESS 8955 Fontana Del Sol Way	CITY-ST-ZIP Naples, Florida 34108
TITLE VP/D	NAME Susan L. Ahlborn	STREET ADDRESS 376 Burning Tree Drive	CITY-ST-ZIP Naples, Florida 34105
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **June 21/02** 416-366-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia A. D. Miller, President

Date Daytime Phone #

CR2E034B (12/01)