2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S82325

FILED Apr 07, 2006 Secretary of State

Entity Name: SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

4138 CORN STREET 4234 ROCK CREEK DR.

PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

4138 CORN STREET 4234 ROCK CREEK DR

PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948

FEI Number: 65-0285524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OMERZU, MICHAEL A
4138 CORN STREET

OMERZU, MICHAEL A
ROCK CREEK DR.

PORT CHARLOTTE, FL 33948 US PORT CHARLOTTE, FL 33948 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: MICHAEL A. OMERZU 04/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 OMERZU, MICHAEL A
 Name:
 OMERZU, MICHAEL A

 Address:
 4138 CORN STREET
 Address:
 4234 ROCK CREEK DR.

 City-St-Zip:
 PT. CHARLOTTE, FL 33948
 City-St-Zip:
 PT. CHARLOTTE, FL 33948

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

 Name:
 OMERZU, TOMMIE W
 Name:
 OMERZU, TOMMIE W

 Address:
 4138 CORN STREET
 Address:
 4234 ROCK CREEK DR.

 City-St-Zip:
 PT. CHARLOTTE, FL 33948
 City-St-Zip:
 PT. CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL A. OMERZU DV 04/07/2006