

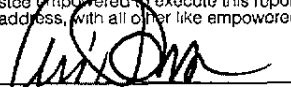


**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S87169</b>				<b>May 02, 2005 08:00 AM</b> <b>Secretary of State</b>	
1. Entity Name <b>CHRISMIAN CORP.</b>					
Principal Place of Business <b>13151 NEWBERRY ROAD TIOGA, FL 32669 US</b>		Mailing Address <b>PO BOX 13461 GAINESVILLE, FL 32604 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>59-3096095</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIAZ, MIGUEL J. 13151 NEWBERRY ROAD TIOGA, FL 32669</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIAZ, MIGUEL J.</b>	NAME	<b>U000000358001</b>		
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	<b>05/04/05-80097-016 150.00</b>		
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GARCIA, ANGEL</b>	NAME			
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GARCIA, LAURA</b>	NAME			
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GARCIA, MIGUEL A</b>	NAME			
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIAZ, ANNELIESE</b>	NAME			
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIAZ, LUIS A</b>	NAME			
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP			
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: 		Date <b>4/29/05</b> 352-331-6220			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			