

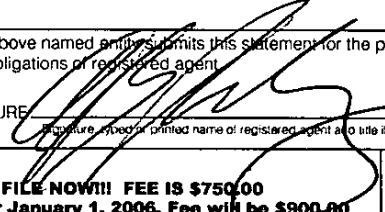
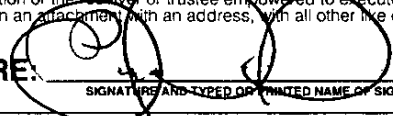


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V21158 1. Entity Name EDWARD T. BYRD & COMPANY						FILED 05 MAR 28 PM 4:17 STATE								
Principal Place of Business 200 SOUTH ORANGE AVE SUITE 2120 ORLANDO, FL 32801 US				Mailing Address PO BOX 2391 ORLANDO, FL 32802-2391 US										
2. Principal Place of Business P. O. Box 2391 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			11082005 REIN-P CR2E098 (6/04)		4. FEI Number 59-3110305		Applied For <input type="checkbox"/> Not Applicable				
City & State Orlando, FL			City & State			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required						
Zip 32802-2391		Country US		Zip Country		6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name A. Brian Phillips, Esq. Street Address (P.O. Box Number is Not Acceptable) A. BRIAN PHILLIPS, P.A. 200 S. Orange Ave., Suite 2120 City Orlando, FL Zip Code 32801-3439						
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 				A. Brian Phillips, Esq.				DATE						
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 DPT <input type="checkbox"/> Delete			NAME BYRD, EDWARD T.			STREET ADDRESS 200 S ORANGE AVE STE 2120			CITY-ST-ZIP ORLANDO, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SV <input checked="" type="checkbox"/> Delete			NAME BYERS, THOMAS A.			STREET ADDRESS 200 S ORANGE AVE STE 2120			CITY-ST-ZIP ORLANDO, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VS <input checked="" type="checkbox"/> Delete			NAME EASTON, JUDITH H			STREET ADDRESS 200 S ORANGE AVE STE 2120			CITY-ST-ZIP ORLANDO, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP <input checked="" type="checkbox"/> Delete			NAME CHAMBERLIN, JANIS A			STREET ADDRESS 200 S. ORANGE AVE., STE 2120			CITY-ST-ZIP ORLANDO, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 						SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								
DATE						DAYTIME PHONE #								