

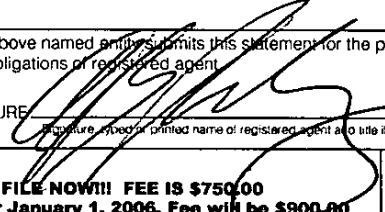
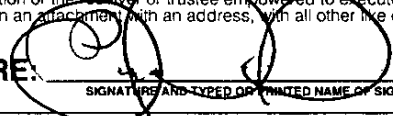
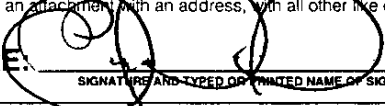


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # V21158</b> 1. Entity Name <b>EDWARD T. BYRD &amp; COMPANY</b>						FILED 05 MAR 28 PM 4:17 STATE					
Principal Place of Business <b>200 SOUTH ORANGE AVE SUITE 2120 ORLANDO, FL 32801 US</b>				Mailing Address <b>PO BOX 2391 ORLANDO, FL 32802-2391 US</b>							
2. Principal Place of Business <b>P. O. Box 2391</b> Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				11082005 REIN-P CR2E098 (6/04)			
City & State <b>Orlando, FL</b>				City & State				4. FEI Number <b>59-3110305</b>		Applied For Not Applicable	
Zip <b>32802-2391</b>		Country <b>US</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 <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>						7. Name and Address of New Registered Agent Name <b>A. Brian Phillips, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>A. BRIAN PHILLIPS, P.A.</b> <b>200 S. Orange Ave., Suite 2120</b> City <b>Orlando, FL</b> Zip Code <b>32801-3439</b>					
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		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00</b>											
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BYRD, EDWARD T. 200 S ORANGE AVE STE 2120 ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700069644007 04/06/06--01051--001 **900.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BYERS, THOMAS A. 200 S ORANGE AVE STE 2120 ORLANDO, FL	<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	VS EASTON, JUDITH H 200 S ORANGE AVE STE 2120 ORLANDO, FL	<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	VP CHAMBERLIN, JANIS A 200 S. ORANGE AVE., STE 2120 ORLANDO, FL	<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							
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							
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 #	