

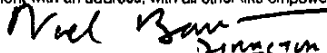


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR 22 PM 2:13
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000719					
1. Entity Name H2EYE INC.					
Principal Place of Business 1230 PEACHTREE ST 3100 ATTN WILLIAM L MEYER ATLANTA, GA 30309 US			Mailing Address 1230 PEACHTREE ST 3100 ATTN WILLIAM L MEYER ATLANTA, GA 30309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2386663	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 		RACHEL T. HAYES ASSISTANT SECRETARY 4/21/2005			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, KEITH B CLOS RUE FAUCONNAIRES ST ANDREWS, GUERNSEY, CI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Simon W. Filmer c/o Nerine Trust Co Ltd PO Box 905 Road Town, Tortola BVI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUQUEMIN, NEAL N LE BOROAGE, LA BELLIEUJE ST MARTIN'S GUERNSEY, CI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen G. Heywood c/o Nerine Trust Co Ltd PO Box 905 Road Town, Tortola BVI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDGWICK, GRAHAM H ROAD TOWN TORTOLA BRITISH, VI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David J. Pritchard c/o Nerine Trust Co Ltd PO Box 905 Road Town, Tortola BVI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNWIN, PETER C.M. MUJUBA HILL TORTOLA, BRITISH, VI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400055724054 06/06/05--01008--007 **308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, NOEL COURTLANDS HAVERS TORTOLA BRITISH VI,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKETT, PHILIP B LE PERRAINE, LA RUE DES FRENES ST. MARTIN, GUERNSEY GY4 6HP,	<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)(g), 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: 		NOEL BARTON 4 MARCH 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

