

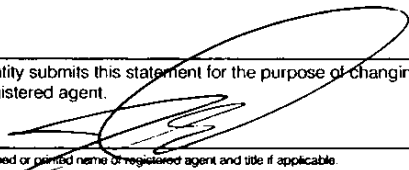
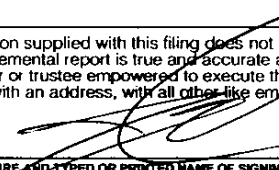


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000048010</b> 1. Entity Name <b>GUEST SERVICES PUBLISHING, INC.</b>						06 OCT 16 11:08:27		
Principal Place of Business <b>6395 CAKEBREAD CT. MARION, IA 52302</b>				Mailing Address <b>162 COLLINS ROAD NE #324 CEDAR RAPIDS, IA 52402</b>				
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT</b> 10/10/06 REINSTATEMENT 0622008 (11/05) JB				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number <b>34-1986125</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
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>BOLSINGER, JEFFREY S D 6395 CAKEBREAD CT. MARION, IA, FL 52302</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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE: <b>10/10/06</b>				
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <b>BOLSINGER, JEFFREY S</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>BOLSINGER, JEFFREY S</b>			NAME	<b>300080877903</b>			
STREET ADDRESS	<b>6395 CAKEBREAD CT.</b>			STREET ADDRESS	<b>10/16/06--01045--020 **150.00</b>			
CITY-ST-ZIP	<b>MARION, IA 52302</b>			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>10/10/06</b>				DAYTIME PHONE #: <b>877-539-2065</b>