


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000084428 1. Entity Name E. A. BARBER, CORP.	
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FILED
05 OCT 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4919 NORTH APOPKA VINELAND ROAD ORLANDO, FL 32818	Mailing Address 4919 NORTH APOPKA VINELAND ROAD ORLANDO, FL 32818
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10102005 REIN-P CR2E098 (6/04)

2. Principal Place of Business <i>4919 N. Apopka - Suite, Apt. #, etc. Vineland Rd.</i>	3. Mailing Address <i>4919 N. Apopka - Suite, Apt. #, etc. Vineland Rd.</i>
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City & State <i>Orlando, FL.</i>	City & State <i>Orlando FL.</i>
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4. FEI Number <i>59-348 5709</i>	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>32818</i>	Country <i>ORANGE</i>	Zip <i>32818</i>	Country <i>ORANGE</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARBER, EDWARD A 4919 NORTH APOPKA VINELAND ROAD ORLANDO, FL 32818
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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: *Edward A. Barber* *10-12-05*
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P BARBER, EDWARD A	<input type="checkbox"/>
NAME	4919 NORTH APOPKA VINELAND ROAD	
STREET ADDRESS	ORLANDO, FL 32818	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	100060727211		
STREET ADDRESS	10/18/05--01079--010 **150.00		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	<i>Not w/24</i>		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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: *Edward A. Barber* *10-12-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #