

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000003263 1. Entity Name FIREWORKS WORLD, INC.						FILED 06 OCT 31 PM 4: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 102 INDUSTRIAL DRIVE BATESVILLE, AR 72501		Mailing Address 102 INDUSTRIAL DRIVE BATESVILLE, AR 72501					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 71-0662198			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2131 Executive Park Drive Suite 4 City: Weston			
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: <i>Zuma M. Howarth, Asst Secy</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: 10-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	<input type="checkbox"/> Delete		TITLE 200081352852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PULLEY, PHILLIP	STREET ADDRESS 500 NEWPORT ROAD		STREET ADDRESS 10/31/06 - 01020 - 007	**150.00			
CITY-ST-ZIP BATESVILLE, AR 72501	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FOSTER, ROBERT	STREET ADDRESS 100 PLANTATION DRIVE		NAME	STREET ADDRESS			
CITY-ST-ZIP BATESVILLE, AR 72501	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STREET ADDRESS		NAME	STREET ADDRESS			
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STREET ADDRESS		NAME	STREET ADDRESS			
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <i>Phillip Pulley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 10/16/06			
DAYTIME PHONE: 810-698-0090				<small>Daytime Phone #</small>			