FILED Apr 02, 2007 08:00 AM Secretary of State

TENT # 434673 DTORS, INC.			
of Business Mailing Address			
INDREWS AVE. 6606 NORTH ANDREWS AVE. SALE, FL 33309 FORT LAUDERDALE, FL 33309			
O NOT WRITE IN THIS SPACE			
O NOT WRITE IN THIS SPACE			

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

changed, or on an attachment

SIGNATURE:

6606 NORTI	H ANDREWS AVE,	Mailing Address 6606 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309)				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ULBRICH, JOHN			CE	(11/05) Applied For Not Applicable 75 Additional Required			
FT. LAUDI	RTH ANDREWS AVE. ERDALE, FL 33309 In named entity submits this statement for the lions of registered agent.			IN T	NOT W THIS SP	YACE	iliar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Printed Print				55.00 May Be		DATE	
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD ULBRICH, JOHN O 1645 S. OCEAN LANE FT. LAUDERDALE, FL VD ULBRICH, MARC A. 3300 NO. PORT ROYALE FT. LAUDERDALE, FL ST STORCH. ANDREW H 5944 NW 56TH DRIVE CORAL SPRINGS, FL 33067	CTORS			0000 04/03/0 NOT W 'HIS SP	RITE	?2 ? - 016 158.7
TITLE NAME							ļ

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 of trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if