FILED May 07, 2003 8:00 am Secretary of State 04-21-2003 90316 032 ****70.00

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Suite, Apt. 9, etc. City & State City & St
City & State Country Country S. Certificate of Status Desired S. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered Agent FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITHE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State The Note Progress Agent
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E. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, ANNA # APPLEWOOD CIRCLE SOUTH DAYTONA FL 32119 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 lamiliar with, and accept the obligations of registered agent. ### Signature Country 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 lamiliar with, and accept the obligations of registered agent. ### Signature Country Countr
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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 Signature, typed or preted name of registered agent and able if applicable. (NOTE Registered Agent engaged when remaining) PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE IMAME STREET ADDRESS STREET ADDRESS SOUTH DAYTONA FL. EX Delite TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Delite STREET ADDRESS CITY-ST-ZIP Delite STREET ADDRESS CITY-ST-ZIP DELITE CITY-ST-ZIP DELITE CITY-ST-ZIP
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, 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.