**Current Principal Place of Business:**
3911 HARRISBURG ST. NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**
3911 HARRISBURG ST. NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 20-0049703  
**FEI Number Applied For:** ( )  
**FEI Number Not Applicable:** ( )  
**Certificate of Status Desired:** ( )

**Name and Address of Current Registered Agent:**
WALES, JIMMY D  
3911 HARRISBURG ST. NE  
ST. PETERSBURG, FL 33703  
US

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.

**SIGNATURE:**

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**OFFICERS AND DIRECTORS:**

<table>
<thead>
<tr>
<th>Title</th>
<th>P</th>
<th>( ) Delete</th>
<th>Name</th>
<th>Address</th>
<th>City-St-Zip</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>Name</td>
<td>3911 HARRISBURG ST. NE</td>
<td>ST. PETERSBURG, FL 33703 US</td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td></td>
<td>Name</td>
<td>3911 HARRISBURG ST. NE</td>
<td>ST. PETERSBURG, FL 33703 US</td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td></td>
<td>Name</td>
<td>3911 HARRISBURG ST. NE</td>
<td>ST. PETERSBURG, FL 33703 US</td>
</tr>
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</table>

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

<table>
<thead>
<tr>
<th>Title</th>
<th>( ) Change</th>
<th>( ) Addition</th>
<th>Name</th>
<th>Address</th>
<th>City-St-Zip</th>
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<tbody>
<tr>
<td>Title</td>
<td>VP</td>
<td>( ) Change</td>
<td>Name</td>
<td>17 AVENUE DES PAULINES</td>
<td>CLERMONT-FERRAND, FRANCE, 63000 FR</td>
</tr>
<tr>
<td>Title</td>
<td>S</td>
<td>( ) Change</td>
<td>Name</td>
<td>9 WALLIS COURT</td>
<td>COLCHESTER, ESSEX CO3 9XU, UK, ENGLAND UK</td>
</tr>
<tr>
<td>Title</td>
<td>T</td>
<td>( ) Change</td>
<td>Name</td>
<td>1930 BRIGHTWATERS AVE.</td>
<td>ST. PETERSBURG, FL 33704 US</td>
</tr>
<tr>
<td>Title</td>
<td>.</td>
<td>( ) Change</td>
<td>Name</td>
<td>3335 HAUCK ST, #1041</td>
<td>LAS VEGAS, NV 89146 US</td>
</tr>
</tbody>
</table>

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

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**Electronic Signature of Signing Officer or Director**

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**Date:** 09/14/2004