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

New Principal Place of Business:
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

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

New Mailing Address:
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

FEI Number: 20-0049703
FEI Number Not Applicable ( )
FEI Number Applied For ( )
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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALES, JIMMY D
Address: 3911 HARRISBURG ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VP ( ) Delete
Name: DEVOUARD, FLORENCE
Address: 17 AVENUE DES PAULINES
City-St-Zip: CLERMONT-FERRAND, FRANCE, 63000 FR

Title: S ( ) Delete
Name: BEESLEY, ANGELA
Address: 9 WALLIS COURT
City-St-Zip: COLCHESTER, ESSEX CO3 9XU, UK ENGLAND UK

Title: T ( ) Delete
Name: DAVIS, MICHAEL
Address: 1936 BRIGHTWATERS AVE.
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: ( ) Delete
Name: SHELL, TIM
Address: 3335 HAUCK ST., #1041
City-St-Zip: LAS VEGAS, NV 89146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: WALES, JIMMY D MR
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: VC (X) Change ( ) Addition
Name: DEVOUARD, FLORENCE MS.
Address: 1 ROUTE DE PONTDOUCHATEAU
City-St-Zip: MALINTRAT, 63510 FR

Title: VC (X) Change ( ) Addition
Name: BEESLEY, ANGELA MS.
Address: 9 WALLIS COURT
City-St-Zip: COLCHESTER, ESSEX CO3 9XU UK

Title: T (X) Change ( ) Addition
Name: DAVIS, MICHAEL MR.
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ES (X) Change ( ) Addition
Name: SHELL, TIM MR.
Address: 3335 HAUCK ST., #1041
City-St-Zip: LAS VEGAS, NV 89146 US

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: MICHAEL DAVIS
Electronic Signature of Signing Officer or Director

T 11/30/2005