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 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

Name and Address of New Registered Agent:  

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  Date

OFFICERS AND DIRECTORS:

Delete  ( )  Add  ( )

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

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

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

Additions/Changes to Officers and Directors:

Delete  ( )  Add  ( )

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

Title:  VC  Name: DEVOUARD, FLORENCE MS.
Address: 1 ROUTE DE PONTDUCHAT EU
City-St-Zip: MALINTRAT, 63510 FR

Title:  VC  Name: BEESELY, ANGELA MS.
Address: 9 WALLIS COURT
City-St-Zip: COLCHESTER, ESSEX, CO3 9XU UK

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

Title:  ES  Name: SHELL, TIM
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  T  11/30/2005

Electronic Signature of Signing Officer or Director  Date