OFFICERS AND DIRECTORS:

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

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

Title: S  ( ) Delete
Name: BEESLEY, ANGELA
Address: 9 WALLIS COURT
City-Address: COLECHESTER, ESSEX C03 9XU, UK, ENGLAND UK

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

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

Title: C  (X) Change  ( ) Addition
Name: WALES, JIMMY D MR
Address: 200 2ND AVENUE SOUTH, SUITE 356
City-Address: ST. PETERSBURG, FL 33701
City-Address: US

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

Title: VC  (X) Change  ( ) Addition
Name: BEESLEY, ANGELA MS.
Address: 9 WALLIS COURT
City-Address: COLECHESTER, ESSEX, C03 9XU UK

Title: T  (X) Change  ( ) Addition
Name: DAVIS, MICHAEL MR.
Address: 200 2ND AVENUE SOUTH, SUITE 356
City-Address: ST. PETERSBURG, FL 33701

Title: ES  (X) Change  ( ) Addition
Name: SHELL, TIM MR.
Address: 3335 HAUCK ST., #1041
City-Address: 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  
Date: 11/30/2005