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:

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

Title: C  ( ) Delete  
Name: DEVOUARD, FLORENCE MS.  
Address: 1 ROUTE DE PONTDUCHATEAU  
City-St-Zip: MALINTRAT, 63510 FR

Title: VC  (X) Change  ( ) Addition  
Name: DVREEDE, JAN BART MR.  
Address: 200 2ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

Title: ES  ( ) Delete  
Name: MOELLER, ERIK MR.  
Address: 200 2ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change  ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 GODWIN  Date: 07/24/2008  
Electronic Signature of Signing Officer or Director  GC