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

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

FEI Number: 20-0045703
FEI Number Applied For ( )
FEI Number Not Applicable ( )
Certificate of Status Desired ( )
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324
US

New Principal Place of Business:
New Mailing Address:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324
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:

OFFICERS AND DIRECTORS:

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

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

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: SHELL, TIM MR.
Address: 2335 HAUCK ST., #1041
City-St-Zip: LAS VEGAS, NV 89145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLYN DORAN
Electronic Signature of Signing Officer or Director

05/01/2007
Date