

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P05000043712

Mailing Address  
9428 BAYMEADOWS ROAD  
SUITE 120  
JACKSONVILLE, FL 32256 US

3. Mailing Address  
P. O. Box 706

Suite, Apt. #, etc.

City & State  
Fernandina Beach, FL

Zip 32035

Country  
Nassau

03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
16-1720632

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Delete

☐ Delete☐ Delete☐ Delete☐ Delete

 Delete

☐ Change      ☐ Addition☒ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

904-2618822

Date \_\_\_\_\_

Daytime Phone #