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

OFFICERS AND DIRECTORS:

Title: EC ( ) Delete
Name: WALENS, JIMMY D MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: C ( ) Delete
Name: SNOW, MICHAEL MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: VC ( ) Delete
Name: DVREEDE, JAN BART MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: ED ( ) Delete
Name: GARDNER, SUE MS.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: DD ( ) Delete
Name: MCCELLAR, ERIK MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: GC ( ) Delete
Name: MICHAEL, GODWIN MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOO (X) Change ( ) Addition
Name: VERONIQUA, KESSLER
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

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

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

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

Title: ( ) 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: SUE GARDNER
Electronic Signature of Signing Officer or Director

Date: 05/22/2009