

FILED
Aug 19, 2008 8:00 am
Secretary of State

40113816

07242008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
59-0715027	Not Applicable

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

Principal Place of Business	Mailing Address
2413 E ATLANTIC BLVD POMPANO BEACH, FL 33062 US	P O BOX 1270 POMPANO BEACH, FL 33061 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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EWING, HUGH U 760 SE 2ND AVE APT G205 DEERFIELD BEACH, FL 33441	Name	LA
	Street Address	2413
	City	Pompano

7. Name and Address of New Registered Agent

ERRY SANDS

O. Box Number is Not Acceptable)
E. Atlantic Blvd.

no Beach FL Zip Code 33062

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 J. LARRY SANDS 8/13/08
Signature, typed or printed name of registered agent and date of registration (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDS, LARRY		NAME		
STREET ADDRESS	405 NE 2ND ST		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH, FL 33060		CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, W. DURAN		NAME		
STREET ADDRESS	3711 NE 26 AVE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, PETER		NAME	
STREET ADDRESS	2821 NE 39TH STREET		STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDERLANDEN, ALAN		NAME	
STREET ADDRESS	2500 NE 23RD ST		STREET ADDRESS	
CITY- ST- ZIP	POMPAHO BCH, FL 33062		CITY- ST- ZIP	

TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, NANCY G		NAME		
STREET ADDRESS	3711 NE 26 AVE		STREET ADDRESS		
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064		CITY - ST - ZIP		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 ~~names~~ empowered.

SIGNATURE: W. H. Harrison 8-08-08 954-941-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #