

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # 700045



Mailing Address

1620 PINEHURST ROAD  
DUNEDIN FL 34698

Suite, Apt. #, etc.

City &amp; State

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CR2E037 (10/06)

59-6135434

Not Applicable
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### 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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

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

**Make Check Payable to  
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	TSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Maloney, Marilyn		
STREET ADDRESS	1100 Curlew Rd. Lot 160		
CITY-ST-ZIP	Dunedin FL 34698		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bellhorn, Paul		
STREET ADDRESS	1896 Barcelona Dr.		
CITY-ST-ZIP	Dunedin, FL 33428		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

SIGNATURE: Lois Hayden Lois Hayden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07 (727)733-2657

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_