

FILED
May 15, 2006 08:00 A
Secretary of State

(b) (5) DPP, (b) (7)(C), (b) (7)(D)

1st MOORE CR2E037 (10/05)

4. FEI Number 23-7160364	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTALOT, THOMAS W
1838 BARRINGTON CR
ROCKLEDGE FL 32955

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 retinding)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

10.	OFFICERS AND DIRECTORS
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	S	<input type="checkbox"/> Delete
NAME	MCNEAL, MARY	
STREET ADDRESS	58 COLONIAL DR	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE	U00000564270	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	05/20/06-80048-021	61.25	
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, CHARLES	
STREET ADDRESS	1004 JERSEY STREET	
CITY-ST-ZIP	PT. ST. JOHN FL 32927	

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

TITLE	BOD	<input type="checkbox"/> Delete
NAME	WATSON, VIC	
STREET ADDRESS	4760 BRENTWOOD DR	
CITY - ST - ZIP	COCOA FL 32927	

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

TITLE	PP	<input type="checkbox"/> Delete
NAME	SNODGRASS-NEAL, JOSIAH	
STREET ADDRESS	484 COLLINS ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BARTALOT, TOM	
STREET ADDRESS	1838 BARRINGTON CR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

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

TITLE	P	<input type="checkbox"/> Delete
NAME	EZEKIAL, CLIFTON	
STREET ADDRESS	805 CLIFTON COVE CT	
CITY-ST-ZIP	COCOA FL 32926	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Thomas W. Bartlett THOMAS W. BARTLETT 5/8/06 321733 0674