	DOCL 1. Entity Nat	JMENT # F0300000	L REPORT					05 08:00 A ry of State
1212 10, 9GTH STREET 0MAHA, NE STREET 0MAHA, NE 68114 0MAHA, NE 68114 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 01052005 No Chy-NP CR2E037 (10/03) 01052005 No Chy-NP CR2E037 (10/03) • End of Status Desired • Status Desired Status Desired (Status Desired) • CR2E037 (10/03) • CR2E0			OCIATION, INC.					
DO NOT WRITE IN THIS SPACE 0165205 No Che-NP CR2E037 (10/03) 4. Home and Address of Current Registered Agent 33-1010166 Maxagenet SGOOD, THOMAS LLEIN BROTHERS INC. 0111 N. WYMORE ROAD VINTER PARK, FL 32789 DO NOT WRITE IN THIS SPACE X \$82.75 Additional Part Part Active and the statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan lamitar with, and active the abligations of registered agent. DO NOT WRITE IN THIS SPACE Image: Contract Contr	212 N. 96	STH STREET	1212 N. 96TH STREET					
6. Name and Address of Current Registered Agent SIGODD, THOMAS LLEN BROTHERS INC. OTITN. WYNACRE ROAD WINTER PARK, FL 32739 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roide. I am familiar with, and ac the obligations of registered agent. GMATURE State of primed name (no pitered agent	Ľ	DO NOT WRITE	E IN THIS SP	ACE	01052005 4. FEI Numb 33-101	No Chg-NP Der 10166	CR2E03	7 (10/03) Applied For Not Applicable 8.75 Additional
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the obligations of registered agent. GNATURE GIVATURE GIVATURE FILIIng Fee is \$81.25 Due by May 1, 2005 OFFICERS AND DIRECTORS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICE	LLEN BI	ROTHERS INC. VYMORE ROAD						
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AE EET ADDRESS 7-ST-ZIP	ME IEET ADDRESS	WANNING, JEFFREY J 1212 N. 96TH STREET						
. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental genort 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 direct	AE EET ADDRESS							
of the corporation or the receiver or trusted empowered to exocute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.		certify that the information supplied with	this filling does not qualify for the	exemption stated in Secondary	ction 119.07(3)(ame legal effect	i), Florida Statutes. I t as if made under o	further certif ath, that I arr	y that the information an officer or director