2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 tamiliar with, and accident the obligations of registered agent. SIGNATURE Signature, bosen or preter name of registered agent and robe illusphicable. INDIF Registered Agent signature influent entering amenine amenine stating. P. Election Campaign Financing Trust Fund Contribution. Amended AR is \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE Delete NAME BORISLOW, DANIEL M STREET ADDRESS CITY-SI-ZIP PALM BEACH, FL 33480 Delete ITILE Delete NAME NAME STREET ADDRESS CITY-SI-ZIP Delete NAME NAME STREET ADDRESS CITY-SI-ZIP Delete STREET ADDRESS CITY-SI-ZIP DELETE STREET ADDRESS CITY-SI-ZIP DELETE	∠ıp		Country		33 405	Countr	У		5. Certificate	of Status Desired	×		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to be presented agent. SIGNATURE Signature typed or present name of registered agent and title if applicable. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME BORISLOW, DANIEL M STREET ADDRESS CITY-ST-2P PALM BEACH, FL 33480 Delete ITILE DELET ADDRESS CITY-ST-2P VEST PARM BEACH, FL 33480 CITY-ST-2P TITLE Delete ITILE Delete ITIL	1200 SOU	ORATION TH PINE	N SYSTEM ISLAND ROA				Name Street Address (P.O. Box Number is Not Acceptable)						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the informatic 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 cath; that I am an officer or direct of the corporation or the receiver or true-legan powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an addition, with all other like empowered. SIGNATURE: 10/25/07	indicated of the cor changed.	l on this reportation or to on an atternation or to on an atternation or the order	ort or supplementa he receiver or tru achment with an	al/report is true sleeterpower admits, with	e and accurate and that ed to execute this repor all other like empowered	my signatu rt as require d.	ure shall ha ed by Char	ive the :	same legal effec 7, Florida Statute	ct as if made under es; and that my nar	oath; that ne appear	I am an office s in Block 10 c	r or director or Block 11 if

1013/00