

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # F05000006449

**Mailing Address**  
**4880 SANTA ROSA ROAD**  
**CAMARILLO, CA 93012**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number  
95-3482072

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**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL	Zip Code
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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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

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☐ Delete☐ Delete☐ Change ☒ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan L. Block

4/23/07

Date \_\_\_\_\_

$$1805 \overline{) 987.0400}$$

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