

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

4000000000

[illegible]

01152008 Chq-P CR2E034 (12/06)

4. FEI Number	Applied For
20-5392217	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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 reinstating)

DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERRY, CLARENCE E 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Michael Donahoe 5200 Town Center Circle Ste 470 Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WERKING, DOUG 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFE, FREDERICK F 5660 KATELLA AVENUE STE 100 CYPRESS, CA 90630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOLFE, FREDERICK F 5660 KATELLA AVENUE STE 100 CYPRESS, CA 90630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TANNER, STEVEN L 5660 KATELLA AVENUE STE 100 CYPRESS, CA 90630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANNER, STEVEN L 5660 KATELLA AVENUE STE 100 CYPRESS, CA 90630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/15/08  
Date

Date \_\_\_\_\_

Daytime Phone #