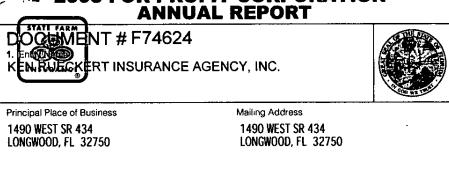
2008 FOR PROFIT CORPORATION



FILED Mar 28, 2008 08:00 A Secretary of State

CR2E034 (11/05)



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-2179961 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

03242008

Fee Required

6. Name and Address of Current Registered Agent

RUECKERT, KENNETH E PRES 1490 W. STATE ROAD 434 LONGWOOD, FL 32750

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

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					
		9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000872395 04/10/08~80038~004 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RUECKERT, KEN 1490 WEST SR 434 LONGWOOD, FL 32750				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE 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 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 of 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.					

OFFICER OR DIRECTOR