EE IS \$550.00 mber 6, 2006 orida Department o	and the frapplicable. (NOTE S.607.193(2)(b), F late fee. By check not receive prior r	Country Name Street Address City gistered office or registered E: Registered Agent signature require F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.	7. Name and Address of New Registered A 7. Name and Address of New Registered A (P.O. Box Number is Not Acceptable) FL d agent, or both, in the Statefot,Florida. Lam familiar 1306 d ween renstating) DATE of the \$400.00 on certifies it did 9. Election Campaign Financing Trust Fund Contribution	***150.00 ***150.00 ***150.00 Applied For Not Applic \$8.75 Additional Fee Required Agent Zip Code ar with, and accept the
A A C A A C Country Address of Current Address of Current Address of Current Address of Current Address of Current The Address of Current Address of Current Address of Current Address of Current Address of Current Address of Current EE IS \$550.00 mber 6, 2006 orida Department of OFFICEBS AND	2571 NE 22ND ST C/O B. KELLY POMPANO BEACH FL 3. Mailing Address Suile, Ao, etc. City & State Zip City & State Zip And Registered Agent (NOTE S. 607. 193(2)(b), F late fee. By check not receive prior r	Country Name Street Address City gistered office or registered E: Registered Agent signature require F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.	08-03-2006 90004 026 * 08-04-2006 90018 006 * 2nd MOORE CR2E03 4. FEI Number NO-T APPLICABLE 5. Certificate of Status Desired 7. Name and Address of New Registered A FL GP.O. Box Number is Not Acceptable FL dependent of both, in the StateFotFlorida. Lam familiar T 306 Great field Contribution DATE 9. Election Campaign Financing Trust Fund Contribution	***150.00 ***150.00 ***150.00 Applied For Not Applied \$8.75 Additional Fee Required Agent Zip Code ar with, and accept the g \$5.00 May
A M C Country Address of Current Address of Current RA A ST ACH FL 33062	2571 NE 22ND ST C/O B. KELLY POMPANO BEACH FL 3. Mailing Address Suile, Ao, etc. City & State Zip City & State Zip And Registered Agent (NOTE S. 607. 193(2)(b), F late fee. By check not receive prior r	Country Name Street Address City gistered office or registered E: Registered Agent signature require F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.	2nd MOORE CR2E03- 4. FEI Number NO-T APPLICABLE 5. Certificate of Status Desired Image: Comparison of the state of	4 (4/06) Applied For Not Applic \$8.75 Additional Fee Required Agent Zip Code ar with, and accept the \$5.00 May
Address of Current RA A ST ACH FL 33062	Suite, Ab., etc., City & State Zip nt Registered Agent or the purpose of changing its reg and the if applicable. (NOTE) S.607.193(2)(b), F late fee. By check not receive prior r	Country Name Street Address City gistered office or registered E:Registered Agent signature required F.S., allows for the waiver of king this box, the corporati notice. Fee to file is \$150.1	2nd MOORE CR2E03- 4. FEI Number NO-T APPLICABLE 5. Certificate of Status Desired Image: Comparison of the state of	4 (4/06) Applied For Not Applic \$8.75 Additional Fee Required Agent Zip Code ar with, and accept the \$5.00 May
Address of Current RA A ST ACH FL 33062	City & State City & State Zip The Registered Agent City & State City &	Country Name Street Address City gistered office or registered E:Registered Agent signature required F.S., allows for the waiver of king this box, the corporati notice. Fee to file is \$150.1	4. FEI Number NO-T APPLICABLE 5. Certificate of Status Desired 7. Name and Address of New Registered A (P.O. Box Number is Not Acceptable) FL d agent, or both, in the State of Florida. Lam familiar 17306 g. Election Campaign Financing Trust Fund Contribution	Applied Fo Not Applic \$8.75 Additional Fee Required Agent Zip Code Tr with, and accept the s5.00 May
Address of Current RA A ST ACH FL 33062	Zip nt Registered Agent pr the purpose of changing its reg and the ri applicable. (NOTE S.607.193(2)(b), F late fee. By check not receive prior r	Name Street Address City gistered office or registered E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.		Not Applic \$8.75 Additional Fee Required Agent Zip Code Trip Code Trip Code Trip Code Trip S5.00 May
Address of Current RA A ST ACH FL 33062	nt Registered Agent	Name Street Address City gistered office or registered E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.	7. Name and Address of New Registered A 7. Name and Address of New Registered A (P.O. Box Number is Not Acceptable) FL d agent, or both, in the Statefot,Florida. Lam familiar 1306 d ween renstating) DATE of the \$400.00 on certifies it did 9. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required Agent Zip Code Tr with, and accept the sr with, and accept the g \$5.00 May
RA A ST ACH FL 33062	and the frapplicable. (NOTE S.607.193(2)(b), F late fee. By check not receive prior r	Street Address City gistered office or registered E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.1	E (P.O. Box Number is Not Acceptable) FL d agent, or both, in the State of Florida. Lam familiar 11306 d when renstating) DATE 01 the \$400.00 on centiles it did 9. Election Campaign Financing Trust Fund Contribution	Zip Code ar with, ahe accept the 19\$5.00 May
ST ACH FL 33062	and the ri applicable. (NOTE S.607.193(2)(b), F late fee. By check not receive prior r	Street Address City gistered office or registered E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.1	I agent, or both, in the State of Florida. I am familiar device renstating) DATE of the \$400.00 on centiles it did 9. Election Campaign Financing Trust Fund Contribution	 ar with, a hs accept the g\$ 5.00 мау
EE IS \$550.00 mber 6, 2006 orida Department o	and the ri applicable. (NOTE S.607.193(2)(b), F late fee. By check not receive prior r	gistered office or registered E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.	d agent, or both, in the State of Florida. I am familiar d wen renstating) DATE of the \$400.00 on centiles it did 9. Election Campaign Financing Trust Fund Contribution	 ar with, a hs accept the g\$ 5.00 мау
EE IS \$550.00 mber 6, 2006 orida Department o	and the if applicable. (NOTE S.607.193(2)(b), F late fee. By check of State	E: Registered Agent signature required F.S., allows for the waiver of king this box, the corporation notice. Fee to file is \$150.1	d wen renstating) DATE of the \$400.00 on centiles it did 9. Election Campaign Financing Trust Fund Contribution	і <u>д</u> \$5.00 мау
EE IS \$550.00 mber 6, 2006 orida Department o OFFICERS AND	S.607.193(2)(b), F late fee. By check of State	F.S., allows for the waiver of king this box, the corporati notice. Fee to file is \$150.	of the \$400.00 on certifies it did Trust Fund Contribution	5
325°		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRFCTORS IN 11
ARA A DIST EACH FL	Detete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Ad
AM J D ST FACH FL	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change 🗋 Add
	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	🗌 Change 🔛 Adk
	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗌 Change [Add
	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		📑 Change 🗌 Add
	Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP		Change 🛄 Add
i	ipplemental report is eiver or trustee empo	Delete Delete Delete Delete	NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP mation supplied with this filing does not qualify for the exemptions contained is uplemental report is true and accurate and that my signature shall have the same end accurate and that my signature shall have the same end accurate and that my signature shall have the same end accurate and that my signature shall have the same end for the same end is the same same end accurate and that my signature shall have the same end accurate and that my signature shall have the same end accurate and that my signatend same same same same same same same same	NAME STREE1 ADDRESS CTY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP mation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify the opplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an of ever or tistee perpowered to expecute this report as required by Chapter 607, Florida Statutes; And that my signature shall have the same legal effect as if made under oath; that I am an of there of there peri