Sign Country Zip Country S. Certificate of Status Desired Net Applied Zip Country S. Certificate of Status Desired S8,75 Auditional Ree Required McCLAIN, DAVID H. 1000 N ASHLEY DR SUITE 317 TAMPA FL 33602 Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Cay Cay FL Zip Code 8. The above named entry submits this statement for the purporte of ohanging its registered office or registered agent, or both, in the State of Florida. I am tamilar with, and acceptable ONE SIGNATURE FLE NOW!!! FEE IS \$150.00 After May, 1,2005 Fee Will Bo \$550.00 Make Check Payable to Florida Department of State IVICT Required registered agent ad State State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Mate May OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Mitt ADDRES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Mate May Deale 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Mitt May <td< th=""><th>1. Entity Nan</th><th>MENT # H47261</th><th>REPORT (AF</th><th></th><th>FILED Mar 07, 2005 08:00 AN Secretary of State</th></td<>	1. Entity Nan	MENT # H47261	REPORT (AF		FILED Mar 07, 2005 08:00 AN Secretary of State
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