FILED May 25, 2005 8:00 am Secretary of State

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29 3 4 7 7 Country 3 3 4 7 7 Country 4 5 8 Carificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee	City & Stat	- PA 1	City & State			1			·
SMALLEGANGE, BASTIAAN 631 U.S. HWY #1,STE.303 N.PALM BCH., FL 33408 Cily FL Zip Code	Zip 33*	171 Country USA	33477	Coun	try USA	5. Certificate	of Status Desired	S8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent,			legistered Agent	·	Name	7. Name and	d Address of New Re	gistered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, young or pursed name of registered agent appraisant into if appealable. PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 S. Election Campaign Financing Trust Fund Contribution. SIMELE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SMALLEGANGE, BASTIAAN SIMEET ADDRESS OCHY-ST-2PP OCHANGE MARSHALL, PAT SIMET ADDRESS OCHY-ST-2PP Delete TITLE NAME SIMET ADDRESS O	631 U.S. HWY.#1,STE.303				Street Address	s (P.O. Box Numb	per is Not Acceptable)		
SIGNATURE Signature, Typed or primad name of registered appert and life if applicable. (HOTE Registered Appert signature required when refreshible) Date					City	, , , , , , , , , , , , , , , , , , , ,		FL Zip Cod	le l
Stynature, nyold or primate name of registred Agent and time if applicable. (NOTE-Registered Agent agentaure required when cereating) DATE	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or bo	oth, in the State of Flori	ida. I am familiar with,	and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD	SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE	
TITLE SMALLEGANGE, BASTIAAN STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	'		ncing \$3	5.00 May Be ided to Fees		**	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.									
the state of the s									
SIGNATURE:	JIGHA	SIGNATURE AND TYPED OR PR	INTER NAME OF SIGNING OFFICER	OR DIRECT	OR		Date	Daytime Phone #	

Date

Daytime Phone #