DOCUMENT # K28306         1. Entity Name         HOOPER MANAGEMENT, INC.       Secretary of         Principal Place of Business       Mailing Address         425 N ANDREWS AVENUE       425 N ANDREWS AVENUE         #1       #1         FORT LAUDERDALE, FL 33301       FORT LAUDERDALE, FL 33301         Oli 112005 No Chg-P CR2E034 (10/03)         4. FEI Number       65-0067803	2005 FOR PR ANN	ION	<b>.</b> .	FILED Feb 07, 2005 08:00 AI			
425 N ANDRENS AVENUE       425 N ANDRENS AVENUE         411       FORT LAUDERDALE, FL 33301         DO NOT WRITE IN THIS SPACE         OTHERD NE, FL 33301         OTHERD NE, FL 33304         OTHERD NE, FL 33304         International end/state and address of Contrect Registered Agent         OTHERD NE, FL 33304         International end/state and address of Contrect Registered Agent, or both, is Rob State of Florids, I can Remiller with, at the doctore completer end/state address of Florids, I can Remiller with, at the doctore completer end/state address of Florids, I can Remiller with, at the doctore completer end/state address of Florids, I can Remiller with, at the doctore completer end/state address of Contrect Registered Agent, or both, is Rob State of Florids, I can Remiller with, at the doctore completer end/state address of Contrect Registered Agent, or both, is Rob State of Florids, I can Remiller with, at the doctore completer end/state address of Contrect Registered Agent, or both, the doctore contrect Registered Agent, or both, the doctore contrect Registered Agent, or both, the doct	1. Entity Name			Secretary of State			
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Dis MiDDLE RIVER DR SUITE #350       Dis MiDDLE RIVER DR IN THIS SPACE         In the abbrement of the purpose of changing its registered agent, or both, is the State of Rorde. I am familier with, at the obligations of registered agent.       In this Space         In the abbrement of registered agent.       The abbrement of registered agent.       In this State of Rorde. I am familier with, at the obligations of registered agent.       In this Space         SIGNATURE       Persons youd if prise rate is \$150.00       In the abbre of Rorde. I am familier with, at the obligation of registered agent.       Int Immilier with, at the internation of the persons was ded with interded agent.         SIGNATURE       Promove yould prise rate is \$150.00       Int Immilier with a statement to the purpose of changing its registered agent. or both, is the State of Rorde. I am familier with, at the internation of the point of the prise rate of the obligation and registered agent.       Durt         After May 1, 2005 Fee with the \$50.00       Int Immilier with a \$5.00 May Bo       Int Immilier with a \$5.00 May Bo         Need matrix Addess and DREWS AVENUE #1       Int ODO NOT WRITE Int Immilier with a \$2.00 May Bo       Int Immilier with a \$2.00 May Bo         Mark Mark 5-72 P       PORT LAUDERDALE, FL 33301       Int Immilier with a \$2.00 May Bo       Int Immilier with a \$2.00 May Bo         Mark Mark 5-72 P       Int Immilier with a \$2.00 may Bo       Int Immilier with a \$2.00 May Bo       Int Immilier with a \$2.00 May Bo         Mark 5-72 P       Int Immilier with a \$2.	6. Name and Address of	of Current Registered Agent		<u> </u>	,	Fee Required	
the obligations of rogistered agent.  SIGNATURE  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signed agent and %0° apobelie  Signaux, yood of printed signaux agent, with all object with and solution  Atter May 1, 2005 Fee with the \$550,00  Atter May 1, 2005 Fee with the \$550,00   Atter May 1, 2005 Fee with the \$550,00    Signaux, yood of printed signaux agent, with all object with and solution   Signaux, yood of printed signaux agent, with all object with and solution   Signaux agent, yood of printed signaux agent, with all object with agent agent, with all object with agent, with all object with agent ag	915 MIDDLE RIVER DR SUITE #506	•				1	
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THE     PTD       MARE     HOOPER, ALAN       INTERLADRES     425 N ANDREWS AVENUE #1       PRETADRES     02/07/05-90046-021 15       THE     00 NOT WRITE       THE     INTERLADRESS       THE ADDRESS     THE STORES       THE ADDRESS     THE ADDRESS       THE ADDRESS     THE STORES       THE ADDRESS     THE ADDRESS       THE ADDRESS     THE	After May 1, 2005 Fee will b	• \$550.00 Trust Fund Contrit		.00 May Be ded to Fees	and the state of the		
TLE       MKE         THE MAKE       DO NOT WRITE         THE MAKE       DO NOT WRITE         THE MAKE       IN THIS SPACE         THE ADDRESS	TLE PTD AME HOOPER, ALAN TREET ADDRESS 425 N ANDREWS AVE	NUE #1					
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ME RET ADDRESS IV- ST-ZP LE ME RET ADDRESS IV- ST-ZP LE ME RET ADDRESS IV- ST-ZP 2. I hereby certify that the information of polied with the Hing does not quarfy for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the info indicated on this report or supplemental feotors in the Aling does not quarfy for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of the supplemental feotors in the and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer of of the corporation or the receiver or trustee of powered to evecute this lepont as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or for changed, or on an attachment with an address, with all other like empowered. NIGNATURE: 2-3-05 954-761-84		\$5			DO NOT WRITE		
AME IREET ADDRESS ITY-ST-ZP 2. I hereby certify that the information adoptied with the Wing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information adopties and that the information adopties and the same legal effect as if made under cath, that I am an officer of of the corporation or the receiver or trustee of covered to execute this lepont as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or floring changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 2-3-05 954-761-84	AME IREET ADDRESS			IN TH	IIS SPAC	E	
AWE TREET ADDRESS TTY-ST-ZP 2. I hereby certify that the information adoptied with two filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information adopties indicated on this report or supplemental reports frue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer of of the corporation or the receiver or trustee of powered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or for changed, or on an attachment with an adopted, with all other like ampowered. SIGNATURE: 2-3-05 954-761-84	AME TREET ADDRESS	·					
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A		ED TYPED OR PRINTED NAME OF SIGNING OFFICER O	RDIRECTOR				

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