FOR PROFIT CORPORATION

Feb 24 2006 08:00 AM

| DOCUMENT # L04000032855  1. Entity Name  CURTIS and DEBORAH HENDERSON  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 6297 HARCROSS COURT Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  L04000032855  DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For   | UNIFO                           | ORM BUSINE                                  | Secretary of State              |  |   |  |
|--|---------------------------------|---|---------------------------------|--|---|--|
| DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. State  | DOCUMENT:                       |   |                                 |  |   |  |
| DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 23. Mailing Address 2579 HARCROSS COURT  Suite, Apt. 4. etc.  City & State  City & State  City & State  City & State  DO NOT WRITE  DO NOT WRITE  IN THIS SPACE  T. Name and Address of Current Registered Agent  DESCRIPTION HENDERSON  Solver Address of Current Registered  Solver Address of Current Registered  DESCRIPTION HENDERSON  Solver Address of Current Registered  DESCRIPTION HENDERSON  Solver Address of Current Registered  DESCRIPTION HENDERSON  Solver Address of Current Registered  Solver Address of Current Registered  A. FEI Number of Current Registered  DESCRIPTION H   | CURTIS and DEBORA               | AH HENDERSON                                |                                 |  | }   |  |
| Suife, Apf. #, etc.  Suife, Apf. #, etc.  City & State  Ci   |                                 |   | EIN THIS S                      | PACE   |   |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State SPRING HILL FL  Zip Country 34606-5513  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent agratuse regulard when reinstaling)  After May 1, Fee is \$150,000 Amended UBR is \$41.26  Make Check Payable to Florida Separtment of State  DO FICERS AND DIRECTORS  TITLE  NAME  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  |                                 |   |                                 |  |   |  |
| SPRING HILL FL Zip 34608-5813  DO NOT WRITE IN THIS SPACE  To not a show a 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   |                                 |   | Suite, Apt. #, etc.             |  | DO NOT WRITE IN THIS SPACE .                                  |  |
| A Specificate of Status Desired Stat   | City & State<br>SPRING HILL, FL |   | City & State                    |  |   | <del></del>  |
| DO NOT WRITE IN THIS SPACE  IN THIS SPACE  The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent and title if applicable.  Signature, specific printed have of registered agent. Or both, in the state of printed have not registered agent. Or both, in the state of printed agent and title if applicable.  Signature, specific printed have of registered agent. Or both, in the state of printed agent. Or or specific printed agent.  Signature, specific printed agent. Or   |                                 | Country                                     | Zip                             | Country  | 5. Certificate of Status Desired                              | \$6.75 Additional                                  |
| DO NOT WRITE IN THIS SPACE    City   Spring Hill   FL   Zip Code   34506   |                                 |   |                                 | 7. Nai   | me and Address of Current Regis                               |  |
| Street Address (P.O. Box Number is Not Acceptable)  6297 HARCROSS CT.  City SPRING HILL SIDE 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.  Signature  Signature Sig   |                                 |   |                                 | Name   | <u> </u>  |  |
| IN THIS SPACE    City   FL   Zip Code 34508  |                                 | DO NOT W                                    | RITE                            | DEBOKAH H  | ENDERSON  | n=f=bl=\   |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  Signature.  Si   |                                 |   |                                 |  |   | eptable)   |
| 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.  Signature typed or printed name of registered agent and title if applicable.  After May 1, Fee is \$500.00  After May 1, Fee is \$500.00  Amended URR is \$81.25  Make Check Pavable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST  |                                 | NIMISSE                                     | AUE                             |  |   |  |
| 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.  Signature typed or printed name of registered agent and title if applicable.  After May 1, Fee is \$500.00  After May 1, Fee is \$500.00  Amended URR is \$81.25  Make Check Pavable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST  |                                 |   |                                 | City   |   | Zip Code   |
| 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 explicable.  January 1 - May 1 - Fee is \$150.00  After May 1 - Fee is \$550.00  After May 2 - Fee is \$550.00  After May 2 - Fee is \$550.00  After May 3 - Fee is \$550.00  After May 4 - Fee is \$550.00  After May 5 - Fee is \$550.00  After May 6 - Fee is \$550.00  After May 1 - Fee is \$550.00  Aft |                                 |   |                                 | SPRING HILL  | <u> </u>  | 34606  |
| SIGNATURE    January   - May   1 Fee  s   3150,00   After Way   1 Fee  s   355,00   Added to Fees      Make Check Pavable to Florida Department of State   11.   | 8. The above named              | l entity submits this si                    | tatement for the purpos         | se of changing its regi  | istered office or registered agent, o                         | r both, in the                                     |
| Supature, typed or printed name of registered agent and title if applicable   NOTE/Registared Agent signature required when reinstaling)   DATE  |                                 | an rammar with, and                         | accept the obligations          | or registered agent.   | D   |  |
| January 1. May 1. Fee is \$350.00  |                                 | ire. Arned or printed name of               | f registered event and title if | anticable AlOTE/Paris  | tored Americal Constitution and Constitution and Constitution | DATE   |
| After May 1. Fee is \$50,00 Amenical USR is \$51,25 Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.  TITLE PRESIDENT DEBORAH HENDERSON NAME STREET ADDRESS CT. STREET ADDRESS CTY-ST-ZIP TITLE NAME NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP   | ปลกยลาง วิ                      | - May 1 Fee is \$150                        | GO                              | ophicables (NOTE) Regis  | itered Agent signature required when reinstall                | ng) DATE   |
| 10. OFFICERS AND DIRECTORS 11.  TITLE PRESIDENT DEBORAH HENDERSON 6297 HARCROSS CT. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34806 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | After M<br>Amen                 | ay 1, Fee is \$550.00<br>ded UBR is \$61.25 |                                 | ,  |   |  |
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|  |                                 | he information supplied                     | with this filing does not a     | ualify for the exemption   | stated in Section 119.07(3)(i). Florida S                     | <del>മരണത്തുവുന്നതാണ്ട</del><br>tatutes, 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 on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 5851175 Daytime Phone #