FILED Jul 10, 2006 8:00 am Secretary of State

Principal Place of Business 10361 NW 18TH PLACE PLANTATION, FL 33322 2. Principal Place of Business Suite, Apt. e, etc. Suite, Apt. e, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Sip Country Sign Country The Boove named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent. SIGNATURE Filling Fee is \$\$0.00 Due by May 1, 2008 Make check psyable to Florida Department of State MagNaGING MEMBERS/MANAGERS 10. Inc. ADDITIONS/CHANGES INC. ADDITIONS/CHANGES INC.
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City & State A FEI Number 20 - 240 9753 Nor Ap Ston Addition Fee Required 6. Name and Address of Current Registered Agent Name Name KELLEY, PATRICK G 1401 E BROWARD BLVD #206 FT LAUDERDALE, FL 33301 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent. SIGNATURE FHing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. Make Check payable to Addition Florida Department of State
Zip Country Zip Country 5, Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent KELLEY, PATRICK G 1401 E BROWARD BLVD #206 FT LAUDERDALE, FL 33301 City FL Zip Code 8. The above named antity 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 the obligations of registered agent. SIGNATURE Filling Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MgNAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall heve the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
I BITH DO HOLDERY AND LOUIS OF UT DECENCE OF LECTOR OF DECENCION OF COLOR ES (BENEFOU DV CHEERIN CO.C. FAIRM SAIMES.