


FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90030 030 ***159.00

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CR2E034B (8/05)

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| DOCUMENT # L05000041697 | |  | |
| 1. Entity Name LAMAR WRIGHT | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 15 10th ST. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 4014 Suite, Apt. #, etc. | |
| City & State Shalimar, FL. | | City & State Shalimar, FL. | |
| 4. FEI Number 20-2747032 | | Applied For Not Applicable | |
| Zip 32579 | Country OKLAHOMA | Zip 32579 | Country OKLAHOMA |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name LAMAR WRIGHT | | | |
| Street Address (P.O. Box Number is Not Acceptable) 15 10th ST. | | | |
| City Shalimar | | FL | Zip Code 32579 |
| 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: <u>Lamar Wright</u> LAMAR WRIGHT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
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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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Lamar Wright</u> LAMAR WRIGHT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4-17-07 | Daytime Phone # 850-6850575 |