

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L05000046838

Mailing Address  
1000 LAKE ASHBY ROAD  
NEW SMYRNA, FL 32168 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FEI Number 20-2806850	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____		DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

SIGNATURE: X Douglas G. Foote DOUGLAS G. FOOTE 04-24-06 (386) 428-5185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #