

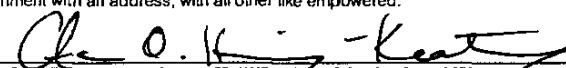


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90292 047 \*\*\*150.00

<b>DOCUMENT # L52134</b>				<b>Secretary of State</b> 04-22-2005 90292 047 ***150.00	
<b>1. Entity Name</b> FAITH O. HORNING-KEATING, P.A.					
<b>Principal Place of Business</b> 1218 MT VERNON ST ORLANDO, FL 32803 US		<b>Mailing Address</b> PO BOX 1849 P.O. BOX 1849 ORLANDO, FL 32802 US			
<b>2. Principal Place of Business</b> 1225 Mount Vernon St.		<b>3. Mailing Address</b> P.O. Box 1849			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152005 Chg-P CR2E034 (10/03)	
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b> Orlando FL		<b>4. FEI Number</b> 59-2989204	
<b>Zip</b> 32803		<b>Zip</b> 32802-1849		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Country</b> USA		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HORNING-KEATING, FAITH O. 1311 BOB WHITE TRAIL ORLANDO, FL 32766				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HORNING-KEATING, FAITH O 1311 BOB WHITE TRAIL CHULUOTA, FL <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 		4/20/05 407-895-4427			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			