

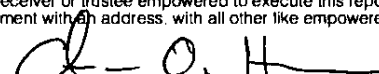


FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L52134 1. Entity Name FAITH O. HORNING-KEATING, P.A.				Jun 20, 2007 08:00 Secretary of State	
Principal Place of Business 1225 MOUNT VERNON ST ORLANDO, FL 32803 US		Mailing Address PO BOX 1849 ORLANDO, FL 32802 US			
DO NOT WRITE IN THIS SPACE				 06132007 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2989204	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORNING-KEATING, FAITH O. 1311 BOB WHITE TRAIL ORLANDO, FL 32766				DO NOT WRITE IN THIS SPACE	
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: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	D HORNING-KEATING, FAITH O 1311 BOB WHITE TRAIL CHULUOTA, FL				
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12. 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 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.					
SIGNATURE: 		Faith O. Horning-Keating, Pres. 6/13/07 407-895-4927			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			