From: FAXmaker

To: 18502456897

Page: 3/3

Date: 9/19/2006 1:43:24 PMILED

06 AUG -4 PM 3: 09

C G	01
	1 1

2006 FOR PROFIT CORPORATION						<del>.</del>	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name	)	# L74891 ROUP, INC.					. 08-29-2006 900			
Principal Place of Business 45 S SHORE DRIVE MIRAMAR BEACH, FL 32550 US			Mailing Address 203 DOLPHIN DESTIN, FL 3	ESTATES COUR	ī		AN CETATA	(NAMERICAN AND AND AND AND AND AND AND AND AND A		
Principal Place of Business     3. Mailing Address			ess							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08152006	08152006 Chg-P CR2E034 (11/05)			
City & State			City & State			l l	4. FEI Number Applied For 59-3017858 Not Applicable			
Zip	Country Zip Coun			ntry	Certificate of Status Desired					
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent Name				
STANLEY, JAMES T. 203 DOLPHIN ESTATES COURT DESTIN, FL 32541			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
			City	···		FL Zip Code	3			
		y submits this statement to lered agent.	r the purpose of cr	nanging its registe	ered office or	registered agent, or b	oth, in the State of Florida	a. I am farrillar with,	and accept	
SIGNATURE.	Signature, lyped	or priviled rights of registered agent	and site if applicable	(NOTE: Registe	red Ageni signali	ne required when rains(a)ing)		DATE		
		FEE IS \$150.00 ptember 6, 2006		on Campaign Fina Fund Contribution		\$5.00 May Be Added to Fees	In accordance with corporation did not	s s, 607.193(2)(b), I receive the prior r	F.S., the	
10.		OFFICERS AND		11		ADDITION	S/CHANGES TO OFFICE			
ITILE NAME STREET ADDRESS CITY-SI-ZIP	203 DOL	Y, JAMES T. PHIN ESTATES COUR FL 32541		HA ST	ile UME REET ADOMESS TY-ST-ZIP			☐ Change	Addilion Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	203 DOL	Y, CLAUDIA A. PHIN ESTATES COUR FL 32541		NJ ST	tle NME Preft address Ty-S1-ZIP		,	Change	Addition .	
TITLE NAME .STREET ADDRESS. CITY-ST-ZIP	ASS.			NJ ST	TLE AME IREET ADORESS TY-51-21P	459 COUM	SECKETARY JELCH ONS DRE STE FL-32544	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 0	N/ S1	ile ame ireei adoress ity-st-zip	,		☐ Change	Addition	
TOLE MAME STREET ADDRESS CITY-51-219				N.	ITLE AME TREET ADORESS ICY-ST-ZIP			☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	,		٥	2. N	itle Ame Treet address Ity-St-Zip			☐ Change	Addition	
12. Thereby indicated of the co	certify that to on this representation or	he information supplied wi ort or supplemental report the receiver or toustee em	h this filing does no is true and accurate owered to execute	ot qualify for the t e and that my sign this report as rec	exemptions of nature shell in quired by Chi	contained in Chapter I have the same legal ef apter 607, Florida Stat	19, Floride Statutes, I full fect as if made under oat utes; and that my name of	rther certify that the i th; that I am an office appears in Block 10 o	nformation r or director v Block 11 if	