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.

OFFICERS AND DIRECTORS:

Title: EC ( ) Delete
Name: WALE, JIMMY D MR.
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: C ( ) Delete
Name: DEVOUARD, FLORENCE MS.
Address: 1 ROUTE DE PONTPUCHATEAU
City-St-Zip: MALINTRAT, 63510 FR

Title: VC ( ) Delete
Name: DVREEDE, JAN BART MR.
Address: 200 2ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: T ( ) Delete
Name: DAVIS, MICHAEL MR.
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ES ( ) Delete
Name: MOELLER, ERIK MR.
Address: 200 2ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ( ) Delete
Name: Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GODWIN
Electronic Signature of Signing Officer or Director GC 07/24/2008