Current Principal Place of Business:
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

New Principal Place of Business:
39 STILLMAN STREET
SAN FRANCISCO, CA 94107

Current Mailing Address:
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

New Mailing Address:
P.O. BOX 78350
SAN FRANCISCO, CA 94107 - 83

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 - US

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.

SIGNATURE:

OFFICERS AND DIRECTORS:

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

Title: C
Name: DEVOUARD, FLORENCE MS.
Address: 1 ROUTE DE PONTDUCHATEAU
City-St-Zip: MALINTRAT, .. 65110 FR

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

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

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

Title: GC
Name: MICHAEL, GODWIN MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EC (X) Change ( ) Addition
Name: WALES, JIMMY D MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: C (X) Change ( ) Addition
Name: SNOW, MICHAEL MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: VC (X) Change ( ) Addition
Name: DVREEDE, JAN BART MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: T (X) Change ( ) Addition
Name: GARDNER, SUE MS.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: DD (X) Change ( ) Addition
Name: MOELLER, ERIK MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: GC (X) Change ( ) Addition
Name: MICHAEL, GODWIN MR.
Address: P.O. BOX 78350
City-St-Zip: SAN FRANCISCO, CA 94107 US

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

Date: 07/24/2008