

FILED
Apr 18, 2005 8:00 am
Secretary of State

DOCUMENT # N45897



Principal Place of Business	Mailing Address
1465 S FORT HARRISON AVE STE 201 CLEARWATER FL 33756 US	1465 S FORT HARRISON AVE STE. 201 CLEARWATER FL 33756 US

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3110931	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NYP, TINA
1465 SO. FORT HARRISON AVE.
SUITE 201
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)	
FL	Zip Code

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 1/11/03 1/11/03 1/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10.	OFFICERS AND DIRECTORS
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	PTD	<input type="checkbox"/> Delete
NAME	TURLEY, STEWART	
STREET ADDRESS	1465 S FORT HARRISON AVE, STE. 201	
CITY - ST - ZIP	CLEARWATER FL 33756	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> Delete
NAME	TURLEY, LINDA	
STREET ADDRESS	401 SAINT ANDREWS DR	
CITY - ST - ZIP	BELLEAIR FL 33756	

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURLEY, LINDA		
STREET ADDRESS	10 PAPAYA ST, #1504		
CITY-ST-ZIP	CLEARWATER, FL 33767		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	COHEN, CAROL	
STREET ADDRESS	401 ST ANDREWS DR	
CITY - ST - ZIP	BELLEAIR FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, CAROL		
STREET ADDRESS	10 PAPAYA ST. #1504		
CITY- ST- ZIP			

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHOCKLEY, KAREN	
STREET ADDRESS	401 ST ANDREWS DR	
CITY, ST, ZIP	BEVERLY HILLS	

TITLE	CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VPD		
STREET ADDRESS	SHOCKLEY, KAREN		
CITY, ST, ZIP	10 PAPAYA ST., #1504		
	FT. PIAZZA, FL 33767		

CITY + STATE ZIP	DELETE NAME
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CLEARWATER, FL 33767	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

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 617, 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: Stewart Turley Stewart Turley April 4, 2005 727-443-4828