2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000004946

CHANGE AGENT PROGRAMS, INC.

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A CONTRACTOR
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(Company
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FILED Apr 22, 2003 8:00 am § Secretary of State

04-22-2003 90035 040 ****61.25

of Business						
	Mailing Address					
R DR 319	5850 WINDHOVER DR ORLANDO FL 32819					
JI J	ORDANDO FE 02013					
2. Principal Place of Business 3. Mailing Address) 1047/101 O10 1014		ONI) EKONO KOKU EK	8 to 8751 1881
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HEBE IE WAKING C		G CHANGES	
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City & State City & State			4. FEI Number 59-3530731			oplied For
Country	Zin	Country				ot Applicable
,		,	5. Certificate of State	us Desired	Fee Require	
6. Name and Address of Curren	t Registered Agent			ss of New Registered	Agent	
/DOM		Name -		ميري به يو هيي [.] مدين ين		
		_Street Addres	s (PO-Box Number is No	t-Acceptable)		
FL 32771				·		<u> </u>
		City			Zin Code	e
					-	
	or the purpose of changing its	registered office or regis	stered agent, or both, in th	e State of Florida. I am	familiar with,	and accept
o or registered agent.						
nature, typed or printed hame of registered ager	at and title if applicable. (NOT	E: Registered Agent signature requ	vired when reinstating)	DATE		
						
E NOW: FEE IS \$61.25			\$5.00 May Be			
	Trust Fund (Contribution. \square	Added to Fees	Florida Depai	rtment of 9	State
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/ T	Country 6. Name and Address of Curren RON FULTON ST L 32771 med entity submits this statement of registered agent.	Country Zip 6. Name and Address of Current Registered Agent RON FULTON ST L 32771 med entity submits this statement for the purpose of changing its sof registered agent. (NOT	City & State Country Zip Country 6. Name and Address of Current Registered Agent Name Street Addres FULTON ST L 32771 City med entity submits this statement for the purpose of changing its registered office or regists of registered agent. (NOTE: Registered Agent signature requirements, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements.)	City & State City & State Country Country Country Country Country Country 5. Certificate of State Name and Address of Current Registered Agent Name Street Address (P.OBox.Number.is.No FULTON ST City The dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the sof registered agent. (NOTE: Registered Agent signature required when reinstating) E NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be	City & State City & State Country Country Country Country Country 5. Certificate of Status Desired Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is: Not Acceptable) City File 32771 City File agent, or both, in the State of Florida. I am so of registered agent, or both, in the State of Florida. I am so of registered agent. NOTE: Registered Agent signature required when reinstating) DATE FINOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Make Check Make Check Make Check Make Check Suite, Apt. #, etc. City 5. Certificate of Status Desired 7. Name and Address of New Registered Name One of Status Desired Name One of Status Desired Name One of Status Desired Name Name	City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Require 6. Name and Address of Current Registered Agent Name Name Street Address (P.O. Box. Number is Net Acceptable) FL Zip Cod Total Title Total Title Total Title Tegistered Agent Name City FL Zip Cod Total Title Total Title Total Title Tegistered Agent Name Street Address (P.O. Box. Number is Net Acceptable) FL Zip Cod The Agent Title Total Title Title Total Title T

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:

4/15/03