

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # N99000000722



Mailing Address
C/O BETH CALLANS MGMT.
595 BAY ISLES ROAD, STE 201
LONGBOAT KEY, FL 34228

3. Mailing Address

Suite, Apt. #, etc.

04102006 Chq-NP CR2E037 (11/05)

City & State

4. FEI Number
65-0998196

Applied For
Not Applicable

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Beth Callans Management Corp.
595 Bay Isles Road Suite: 200
Longboat Key, FL 34228

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

 $4.20.06$

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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
-----	------------------------

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, RITA	
STREET ADDRESS	500 S. PALM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Wilson, Rita		
STREET ADDRESS	700 S. Palm Ave.		
CITY-ST-ZIP	Sarasota FL 34236		

TITLE	PD	<input type="checkbox"/> Delete
NAME	SERRANO, MARK	
STREET ADDRESS	500 S PALM AVE #32	
CITY-ST-ZIP	SARASOTA, FL 34236	

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARCARO, RICARDO	
STREET ADDRESS	500 S. PALM AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Blacklow, Daniel		
STREET ADDRESS	500 S. Palm Ave.		
CITY-ST-ZIP	Sarasota FL 34236		

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone ()