NAME     JONES, BELINA B     NAME       STREET ADDRESS     10720 GOLDFISH CIRCLE     SIRET ADDRESS       CITY-ST-ZIP     ORLANDO, FL 32825     CITY-ST-ZP       ITILE     CFO     Delete     ITILE       NAME     THOMAS, EDWARD B JR     SIRET ADDRESS     05/04/0701009013 **158.75       STRET ADDRESS     1324 NEW TOWN AVE     SIRET ADDRESS     05/04/0701009013 **158.75       ORLANDO, FL 32835     CITY-ST-ZIP     075/04/0701009013 **158.75       ITILE     CEO     Delete     ITILE       NAME     SIRET ADDRESS     05/04/0701009013 **158.75       ITILE     CEO     Delete       NAME     SIRET ADDRESS     05/04/0701009013 **158.75       ITILE     NAME     SIRET ADDRESS       CITY-ST-ZIP     ORLANDO, FL 32828     CITY-ST-ZIP       ITILE     NAME     SIRET ADDRESS       CITY-ST-ZIP     ORLANDO, FL 32828     CITY-ST-ZIP       ITILE     NAME     SIRET ADDRESS       CITY-ST-ZIP     ORLANDO, FL 32828     CITY-ST-ZIP       ITILE     NAME     SIRET ADDRESS       CITY-ST-ZIP     ORLANDO, FL 32828     CITY-ST-ZIP       ITILE     NAME     SIRET ADDRESS       CITY-ST-ZIP     Change     Additi       SIRET ADDRESS     SIREF ADDRE	2	007 FOR PROFI	T CORPORA . REPORT	TIO	N						
Principal Place of Business       Mailing Address         823 HALLOWELL ORCE ORLANDO, FL 32828       823 HALLOWELL ORCE ORLANDO, FL 32828       SELUCE ART 100 Start FALL AHASSEE, FLORIDA         2.0       Control       Suite, Apr. 4, etc.       Usage and the second start in the second sta	1. Entity Name										
223 HALLOWELL ORCLE       823 HALLOWELL ORCLE       ORLANDO, FL 32828         2. Principal Place of Bisances - No P.O. Box #       1. Maining Assess         Suide, ADL #, etc.       Saide, Apl. #, utc.       04302007       Chg.P       CR2E034 (12/06)         City & State       City & State       City & State       04302007       Chg.P       CR2E034 (12/06)         ZiP       Country       Zo       Country       So       Country       So. To Assidence         2. Main participation       City & State       City & State       Country       So. To Assidence       So. To Assidence         2. Main participation       Country       Zo       Country       So. To Assidence       So. To Asside Portal.       So. To Assidence       So. To Assidene       So. To Assidence       <	<b>_</b>				A CONTRACT		07 mai -	ι ι <i>ι</i> Ζ	• • •		
Suite         Suite         Suite         Other and a suite         Outgoing	823 HALLOW	/ELL CIRCLE	823 HALLOWELL CIRCLE			SECRETARY OF STATE TALLAHASSEE.FLORIDA					
Cay & State     City & State     City & State     Provide for the state     Provide for the state       Zip     Country     Zip     Country     S. Cartificate of States Desired     S. States Desired	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Zip         Country         Zip         Country         Source	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007	Chg-P	CR2E03	4 (12/06)			
	City & State		City & State								
	Zip Country Zip		Zip	Country		5. Certificate of	of Status Desired				
MERRELL WILLIE C       Streat AudOversity (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         Signature control and only submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. Tam familiar with, and acception of registered agent.       Out         Signature control and only submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. Tam familiar with, and acception of registered agent.       Out         Signature control agent a	6. Name and Address of Current Registered Agent			]		7. Name and <i>i</i>	Address of New			<b>.</b>	
B23 HALLOWELL CIRCLE ORLANDO, FL 32828       Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         ORLANDO, FL 32835       OrtFleet Anno Street Address (P.O. Box Number is Not Acceptable)         ORLANDO, FL 32835       OrtFleet Address (P.O. Box Number is Not Acceptable)         Inte       OFFLEET ADDRES       Inte Note         Note       Street Address (P.O. Box Number is Not Acceptable)       Charge (P.O. Box Number is Not Acceptable)         Inte       OFFLEET ADDRES       Inte Note       Street Address					Name						
In the above named entity submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent.     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent agent and the faquetase.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida. I am familiar with, and acce     SiGNATURE     Section of registered agent.     (Intel: Registered Agent Agent are neglistered agent, or both, in the State of Florida.     Signature     (Intel: Registered Agent Age	823 HALLOWELL CIRCLE				Street Address (P.O. Box Number is Not Acceptable)						
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the obligations of registered agent.   SIGNATURE   SIGNATURE   Bayerue, troed or prediction dignation dignation dignation dignation dignation dignation dignation.   After May 1, 2007 Fee will be \$550.00   S. Election Campaign Financing Trust Fund Contribution.   OFFICERS AND DIRECTORS   11.   Added to Fees   INTER   OPE / 1/n d.o. S.   INTER Colspan="2">OPE / 1/n d.o. S.   INTER Colspan="2">Intel Colspan="2">OPE / 1/n d.o. S.   INTER Colspan="2">Intel Colspan="2">OPE / 1/n d.o. S.   INTER Colspan="2">INTER Colspan="2">OPE / 1/n d.o. S.   INTER Colspan="2">INTER Colspan="2">OPE / 1/n d.o. S.   INTER Colspan="2">INTER Colspan="2	<ol> <li>The above named entity submits this statement for the purpose of chapping its register</li> </ol>					FL FL					
Spreture         Delete         INTE:         Regressed Agent Ag	the obligations of registered agent.										
After May 1, 2007 Fee will be \$350.00       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIFECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11         ITTLE       P       B2 (1/n) (a, B, B)       Delete       ITTLE         ITTLE       P       B2 (1/n) (a, B, B)       Delete       ITTLE         ITTLE       P       B2 (1/n) (a, B, B)       Delete       ITTLE         ITTLE       DOTS. SELINATO-       ITTLE       ITTLE       ITTLE         ITTLE       ORLANDO, FL 32825       ITTLE       ITTLE       ITTLE       ITTLE         ITTLE       CFO       Delete       ITTLE										<u> </u>	
ITTLE       P       Bit / 1/2 d.a., B, Delete       ITTLE       NAME       Change       Addition         INTLE       JONESS, BELINAND-       STREET AUDRESS       INTLE       NAME       INTLE       Addition         STREET AUDRESS       ORLANDO, FL 32825       INTLE       INT											
NME         JONES, <del>SELINA D'</del> NME           STRET ADDRESS         10720 GOLDFISH CIRCLE         STRET ADDRESS           ITV-SI-2P         ORLANDO, FL 32825         CITY-SI-2P           ITUE         CFO         Delete         TTLE           NME         THOMAS, EDVWARD B JR         NME         STRET ADDRESS         CITY-SI-2P           STRET ADDRESS         1324 NEW TOWN AVE         STRET ADDRESS         UTS-70-01009013 **158.73           ORLANDO, FL 32835         CITY-SI-2P         ORLANDO, FL 32835         CITY-SI-2P           ITUE         CEO         Delete         TTLE           NME         MERELL, WILLIE C         STRET ADDRESS         UTY-SI-2P           ORLANDO, FL 32828         Delete         TTLE           NME         STRET ADDRESS         UTY-SI-2P           OTL-SI-2P         ORLANDO, FL 32828         Delete           ITUE         STRET ADDRESS         CITY-SI-2P           ITUE         ORLANDO, FL 32828         Delete         TTLE           NME         STRET ADDRESS         CITY-SI-2P         CITY-SI-2P           ITUE         ORLANDO, FL 32828         Delete         TTLE           NME         STRET ADDRESS         CITY-SI-2P         CITY-SI-2P <t< td=""><td>10.</td><td></td><td>DIRECTORS</td><td>11.</td><td></td><td>ADDITIONS/C</td><td>CHANGES TO OF</td><td>FICERS AND</td><td>DIRECTOR</td><td>5 IN 11</td></t<>	10.		DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND	DIRECTOR	5 IN 11	
ITILE       CFO       ITILE       ITILE       Change       Additi         NME       STREET ADDRESS       1324 NEW TOWN AVE       STRET ADDRESS       US://04/0701009013       ***158.75         ITILE       ORLANDO, FL 32835       ITILE       ITILE       ITILE       ITILE       ITILE       Additi         ITILE       CEO       ITILE       ITILE <td>NAME Street address</td> <td>JONES, <del>BELINA B</del> 10720 GOLDFISH CIRCLE</td> <td>🗖 Delete</td> <td>NAMI STRE</td> <td>e et address</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td>	NAME Street address	JONES, <del>BELINA B</del> 10720 GOLDFISH CIRCLE	🗖 Delete	NAMI STRE	e et address				Change	Addition	
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CHT-S1-2IP       CRCANDO, FE 3233       CHT-S1-2IP         ITTLE       CEO       Delete       ITTLE       Change       Addition         NAME       STREET ADDRESS       823 HALLOWELL CIRCLE       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         ITTLE       ORLANDO, FL 32828       Delete       ITTLE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         ITTLE       ORLANDO, FL 32828       Delete       ITTLE       NAME       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         ITTLE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Addition         ITTLE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         ITTLE       NAME       STREET ADDRESS       CITY-ST-ZIP       <	NAME	1324 NEW TOWN AVE		NAM	E	30 05704	) <b>0101</b> /070100	5736	73	_	
MAKE       MERELL, WILLIE C       NAME         STREET ADDRESS       823 HALLOWELL CIRCLE       STREET ADDRESS         CITY-ST-ZIP       ORLANDO, FL 32828       CITY-ST-ZIP         TITLE       Delele       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       Change         ADDRESS       CITY-ST-ZIP       Change				_							
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NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         Additi         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         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 J am an officer or directo of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	Name Street address		Delete	NAME	e et address	Alz	11		Change	Addition	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         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 J am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	NAME Street address		🗋 Delete	NAMI STRE	e E1 ADDRESS				Change 🗌	Addition	
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 directo of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	NAME Street address		Delete	NAMI STRE	e Et address				Change	Addition	
SIGNATURE: WCH ended											