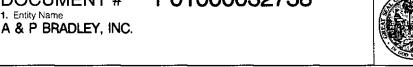
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91827 033 ***150.00

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Principal Place of Business Mailing Address 315 PRAIRIE ROSE LN. 315 PRAIRIE ROSE LN. **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 81-0548860 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, PEGGY Street Address (P.O. Box Number is Not Acceptable) 315 PRAIRIE ROSE LN. BOCA RATON FL 33487 City 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE X Addition TITLE ☐ Delete D BRADLEY, PEGGY. NAME NAME Eyerett Fennell 315 PRAIRIE ROSE LN. STREET ADDRESS STREET ADDRESS 4101 South Shelly Road **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP Palm Beach, Fl 33407 ☐ Delete ☐ Addition TITLE TITLE Change BRADLEY, ALBERTIS NAME NAME STREET ADDRESS 315 PRAIRIE ROSE LN. STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 eport 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment e empowered

SIGNATURE

SIGNATURE NO TYPED OR PRINTED NAME

CR2E034 (10/02)