2007 FOR PROFIT CORPORATION

FILED Jan 22, 2007 08:00 AN ate

ANTONI PORT					
1. Entity Nam	MENT # P01000113 ANDING, INC.	913		Secretary of S	Sta
,	e of Business IGNLING CAUSEWAY FL 34236	Mailing Address P 0 BOX 327 SARASOTA, FL 34230	-		
DO NOT WRITE IN THIS SPACE			CE	01082007 No Chg-P CR2E034 (11/05) 4. FE! Number Applied For O4-3611623 Nor Applied 5. Continue of Status Posicial Status Pos	<u> </u>
	6. Name and Address of Current F	Inclored Agent	***************************************	5. Certificate of Status Desired Fee Required	
HART, KIM A 14980 LEE ANN LANE SARASOTA, FL 34240				DO NOT WRITE IN THIS SPACE	
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 re-instaling) OATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be Ided to Fees	
10.	OFFICERS AND E	DIRECTORS			_
TITLE NAME STREET ADDRESS CITY-ST-JIP	HART, DENNIS F 14980 LEE ANN LN SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HART, KIM A 14980 LEE ANN LANE SARASOTA, FL 34240			U00000594178 01/22/07-80062-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-2IP				. 414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 607, 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 OF PRINTED MAINE OF SIGNING OFFICER OF DIRECTOR

(941) 955-0011