
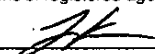



**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90143 027 \*\*\*150 00

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|---|--|---|--|--|--|
| <b>DOCUMENT # P01000122203</b><br>1. Entity Name<br><b>LAMONT HUMBER, P.A.</b>  |  |    |  | <b>Secretary of State</b><br>07-17-2006 90143 027 ***150.00  |  |
| Principal Place of Business<br><b>5161 NORTHWEST 45TH AVENUE<br/>COCONUT CREEK, FL 33073</b>  |  | Mailing Address<br><b>5161 NORTHWEST 45TH AVENUE<br/>COCONUT CREEK, FL 33073</b>  |  |  |  |
| 2. Principal Place of Business<br><b>1451 W. CYPRESS CREEK RD<br/>Suite, Apt. #, etc.<br/>SUITE 300<br/>City &amp; State<br/>FT. LAUDERDALE, FL<br/>Zip<br/>33309<br/>Country<br/>U.S.</b>  |  | 3. Mailing Address<br><b>1451 W. CYPRESS CREEK RD<br/>Suite, Apt. #, etc.<br/>SUITE 300<br/>City &amp; State<br/>FT. LAUDERDALE, FL<br/>Zip<br/>33309<br/>Country<br/>U.S.</b>  |  | <br><b>06302006 Chg-P CR2E034 (11/05)</b><br>4. FEI Number<br><b>26-0004844</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>HUMBER, LAMONT<br/>5161 NORTHWEST 45TH AVENUE<br/>COCONUT CREEK, FL 33073</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>HUMBER, LAMONT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1451 W. CYPRESS CREEK RD<br/>SUITE 300<br/>City<br/>FT. LAUDERDALE FL Zip Code<br/>33309</b>   |  |  |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <b>7/11/06</b>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><b>PSTD HUMBER, LAMONT<br/>5161 NORTHWEST 45TH AVENUE<br/>COCONUT CREEK, FL 33073</b><br><input type="checkbox"/> Delete   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><b>PSTD HUMBER, LAMONT<br/>1451 W. CYPRESS CREEK RD, SUITE 300<br/>FT. LAUDERDALE, FL 33309</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 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 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.<br>SIGNATURE:  <b>7/11/06 954-745-1900</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |  |   |  |  |  |