TO WHEY INC.



FILED m

	OT WRITE IN	THIS SPA	ACE		Secreta	2003 8:00 a) ry of State 0161 041 ***558.75
2. Principal Place of Busin	read Curcle 3. M	ailing Address				
Suite, Apt. #, etc.	. Si	uite, Apt. #. etc.				
Orlando	FL O	ty & State		4. FE	Number 4 - 3617957	Applied For Not Applicable
32837	Country OS A	р	Country		ertificate of Status Desired	\$8.75 Additional Fee Required
8 2 9		r na	, Name		ne and Address of Current Registe	ered Agent
13	O NOT WRIT N THIS SPAC	r .			Wiley x Number is Not Acceptable) esci Cucle	
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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.						
	or printed name of registered agent and title if a	pplicable. (NOTE Re	gistered Agent signat.	ire required when rein	stating) DAT	E
After May	ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	officers and direct	ORS	TIP 6	A A		2 8
NAME TIMOS STREET ADDRESS 1414 8	thy Wiley Snead Cucle ando FL 32837		NAME STREET ADORESS CITY-ST-ZIP			CR2E034B (12/02)
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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 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 on an attachment with an address, with all other like empowered.						
SIGNATURE SIGNATURE AND TYPED OR FRANCE OF SIGNING OFFICER OR DRECTOR Date Date Destino Phone #						