FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000031191---

FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90159 044 ***150.00

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DO NOT WRITE IN THIS SPACE					er de la companya de			
2. Principal F 15199 (Suite, Apt.	Place of Business)ak Chase J. #, etc.	3. Mailing Address /5199 Oqk-che Suite, Apt. #, etc.	ase ct.			DO NOT WR	ITE IN THIS SPA	ACE
Welling	fon, FL	City & State Wellington,	FL		4. FEI Numbe	013557		Applied For Not Applicable
33 ^{zi} 4,4	Country U.S.	3344 3344	Country U.S.		5. Certificate	of Status Desired		8.75 Additional e Required
			Name >	7.	. Name and A	ddress of Curren	t Registered Ag	jent
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	IN THIS SP	AUE				, '		
			City	lellin	atan		FL	Zip Code
8. The above named erlity 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.								
SIGNATUŖE	Signature, typed or printed name of registered agent as	nd title if applicable (NOT	E: Registered Agent signat	ure recuired w	then reinstating)		3-17	-03
. Ja	nuary 1 - May 1 Fee is \$150.00							25.00
	After May 1, Fee is \$550.00 Amended UBR is \$61.25	***				ction Campaign Fir at Fund Contributio	~ —	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of OFFICERS AND D	- Andrew Colonial Col	and the second of the second of	() () () () () () () () () ()		ang ta ang ang ang ang ang ang	a spanish of the second of the second	
TITLE	Owner President	JIRECTORS	TITLE	<u> </u>	Company of the Compan	V attention for the second	and the second s	en e
NAME ,	Daniel P. LANSDOWN		NAME					
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STREET ADDRESS	ANDREA J. LANSDOWN 15199 Oak Chasect.		STREET ADDRESS		Maria Maria			之 本
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	The Carlotte	STANDARDA SANTO CAR STANDARDA SANTO CAR	ALBERTAN BANG SAR SARAH SARAH SARAH ATTERNASI SARAH SARAH SARAH SARAH SARAH ATTERNASI SARAH		
	Legal Control of the	this filing does not qualify fo		ted in Sect	tion 119.07(3)(i), Florida Statutes.	I further certify	that the information
indicatéd	certify that the information supplied with the light of the supplemental report is the supplemental report in the supplemental report is the supplemental report is the supplemental report in the supplemental report in the supplemental report is the supplemental report in the supplemental report is the supplemental report in the supplemental report is the supplemental report in the supplemental report in the supplemental report is the supplemental re	true and accurate and that r	ny signature shall h	ave the sa	me legal effect	as if made under	oath; that I am a	an officer or director

of the corporation or the receiper of 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: