2003 FOR PROFIT CORPORATION

FILED Apr 25, 2003 8:00 am Secretary of State

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DOCU 1. Entity Nan ACQUIRE	ne				,	,13 1.	30.00					
Principal Place of Business Mailing Address						j		4404				
1007 JENKS Panama City			1007 JENKS AVE. Panama City, Fl. 3240	01	,		•	1101	7338) (%) (%)		
Principal Place of Business 3. Mailing Address												
	J. 239			111 W. Z3 25 ST.								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Panama City, FL			City & State	City & State Panama Crry, FL			FEI Number	A 42-7/1			pplied For	
Zip	AR CI	Country	Zip	Country	·		34-45			\$8.75 Ad	ot Applicable	
32401		USA	32405	USA	-		Certificate of S			Fee Require		
	6. Name	and Address of C	urrent Registered Agent			Iresa of New Ro		Agent				
LEDMAN, THOMAS W							3 ROBERT HUGNES JR.					
1007 JENKS AVE. PANAMA CITY, FL 32401						Address (P.O. Box Number Is Not Acceptable)						
FANAMA CITT, FL 32401												
				<u> </u>	City	MAM	C FARM	FL		Zin Con		
									FL	Zip Coc 324	105	
B. 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. Synature. Signature. Signature												
FILE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	99,000	OFFICER	S AND DIRECTORS	11.				NGES TO OFFI		DIRECTOR	S IN 11	
TITLE	}		☐ Delete	TALE				HUAHES	74	☐ Change	Addition	
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CITY-ST-ZIP			and the state of t	City-st					;			
I I DAIANVA	with tent that	IDIATORIO CUMPIL	ed with this filing does not qualify fo	IT TO AVAINT	DEPOS CONTRA	n in Section	3340 (// 3VI) F/	vida Statiltae II	HITTOAL CAR	in/ That the ir	TOPPOSTOR	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BULL SIGNATURE OF SKINING OFFICER OR DIRECTOR

4-22-03

860 - 743 - 323 Caytime Phone