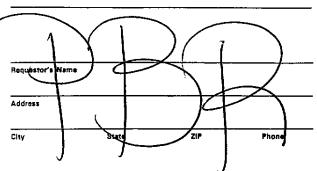
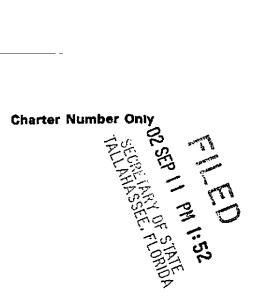
ALIDATION





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CORPORATION(S) NAME

Verifier

Acknowledgment

W.P. Verifier

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business, FLORIDA Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Carroll Consulting, Inc.

The corporation is being formed to provide consulting services.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6172 Royal Birkdale Drive Lake Worth, Florida 33463

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common stock, par value \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Georgette Carroll 6172 Royal Birkdale Drive Lake Worth, Florida 33463

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Evelyn F. Parkes, C.P.A. 2240 Palm Beach Lakes Boulevard Suite 100 West Palm Beach, Florida 33409 Articles of Incorporation Carroll Consulting, Inc. Page 2

ARTICLE VI BOARD OF DIRECTORS

The affairs of the corporation shall be managed by a Board of Directors consisting of no less than one director. The Board of Directors may be increased of decreased from time to time in accordance with the Bylaws of the corporation. The initial Board of Directors are as follows:

1. Georgette Carroll

20 Parker	9/9/02
Signature/Incorporator	Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent Date

SECRETARY OF STATE
ANASSEE FLORIDA