FILED May 01, 2008 8:00 am Secretary of State

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Principal Place of Business 239 TANNER ROAD FLORAHOME, FL 32140 2. Principal Place of Business - Ng P.O. Box # 40 Box P.O. Box P
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Suite, Apt. #, etc. City & State Applied F Year Suite, FL Supplied F Year Suite, FL Supplied F Year Suite, Apt. #, etc. Suite, Apt. #, etc. O2102008 Chg-P CR2E034 (12/06) Applied F Not
City & State Gravesvalle, File Metrose, File 27-0075022 Country S. Certificate of Status Desired See Required Fee Required 7. Name and Address of New Registered Agent Name STURDIVANT, DEBORAH P 239 TANNER ROAD Florathome, File 32140 City File City File Crountry Street Address (P.O. Box Number is Not Acceptable) City File Crountry Street Address (P.O. Box Number is Not Acceptable) File City File Crountry Street Address (P.O. Box Number is Not Acceptable) File City File Crountry Street Address (P.O. Box Number is Not Acceptable) File City City City File City City City City City File City City
STURDIVANT, DEBORAH P 239 TANNER ROAD FLORAHOME, FL 32140 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printyd name of registered agent and bitle if applicable. Not Applied \$8.75 Additional Fee Required \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code Signature, typed or printyd name of registered agent, and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STURDIVANT, DEBORAH P 239 TANNER ROAD FLORAHOME, FL 32140 4908 NW 3445 St. St. 5 City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and late of applicable (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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 directly 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 and the same receivers 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
SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Charged, or on an attrachment with an address, with all other like empowered. 4/28/08 352-214-747