FILED May 27, 2004 8:00 am Secretary of State 04-29-2004 90307 013 ***150.00

1 011424747	·	PRISES 2002, INC.	-				. 0.0	2404-		
Suite, Apl. 4, etc. City & State A. FEI Number Ofe - 16 B 33.716 No. Applicable No. Applicable No. Applicable No. Country S. Certificate of Status Desired S.	280 CAMBRIDGE	E ,							n muser result i ilin	1961 lii 2781
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S. Cernicale of status between S. Name and Address of Current Registered Apent 7. Name and Address of New Registered Apent 7. Name 2.						4. FEI Number 06 - 16	83376		No	t Appticable
ICHARDSON, THOMAS 318 CLOVERLEAF PLACE ASSELBERRY, FL 32707 City FL Zip Code	Zip	Country	Zip	Country					ee Required	1
CHARDSON, THOMAS ASSELBERRY, FL 32707 Cay FL Zip Code		Name and Address of Current F	Registered Agent			7. Name and A	ddress of New I	Registered A	gent,=	· ·
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. I am familiar widh, and accept into obligations of registered agent, or both in the State of Florids. CIN STATE ADDITIONS				-Na	.mo=					
City FL Zip Code 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, produce printed name of montered agent and too it excitates. City FL	318 CLOVER	RLEAF PLACE		Str	reet Address (P.O. Box Number	is Not Acceptab	le)		
The colligations of registered agent. GNATURE				Cit	ty		 -	FL	Zip Code	
FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Compaign Financing Trust Fund Contribution. D. F. OFFICERS AND DIRECTORS I.1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. RE RICHARDSON, THOMAS RET ADDRESS RE	the obligations		r the purpose of changing its	registered off	lice or register	red agent, or both.	in the State of F	lorida. I am li	emiliar with,	and accept
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RET ADDRESS RET AD	FILE N After May	NOWILL FEE IS \$150.00 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Financing tribution.	\$5	.00 May Be led to Fees	HANGES TO OF	:	DIRECTOR	2 181 1 1
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