2008 FOR PROFIT CORPORATION

FILED Feb 27, 2008 08:00 AN ate

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Principal Plac	e of Business	Mailing Address					
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the obligat	enamed entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar wi	th, and accept
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	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registe	ed Agent signature requirer	t when reinstaling)		DATE	
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12. Thereby certify that the information supplied with this filling 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/08

(407)581-9806