

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P04000031602

Mailing Address
14050 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip.

Country

CR2E034 (10/03)

Applied For	
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20-078481-9

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name TIMOTHY R. BALDWIN

Street Address (P.O. Box Number is Not Acceptable)

3866 PROSPECT AVE Suite 14

City **WEST PALM BEACH FL** Zip Code **33404**

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 accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SHACKLTON, ALBERT	
STREET ADDRESS	14050 US HIGHWAY 1	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	

TITLE	PT	<input type="checkbox"/> Delete
NAME	BALDWIN, TIMOTHY R	
STREET ADDRESS	17603 93RD RD. NORTH	
CITY - ST - ZIP	LOXAHATCHEE, FL 33470	

TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, RICHARD	
STREET ADDRESS	9071 TRACY COURT, #4	
CITY-ST- ZIP	BOCA RATON, FL 33496	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____