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FILED Apr 18, 2005 8:00 am Secretary of State 03-21-2005 90102 047 ***150.00

Principal Place of Business 7321 NR 54 CT 1, 13351 US 2. Principal Place of Business 3. Making Address 2. Principal Place of Business 3. Making Address 3.	SAM COR							
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc.	7921 NW 54 CT 7921 NW 54 CT			US		88(N 88W) 81881 8188 108 1	Leigh collegn il 1701	
City & State A. FEI Number B. Centricate of Status Desired For Find address of Current Registered Agent Name CORY. SAMUEL J 7921 NW 54 CT LAUDERHILL, FL 33351 City City FL Zip Code City FL NowInder is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City FL Zip Code City	2. Principal Place of Business		3. Mailing Address					
Zo	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142005 Chg-P	CR2E034 (10	/03)	
S. Name and Address of Current Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 8. Name Address of New Registered Address of New Registered Agent 8. Name Address of New Registered Address of New Registered Agent 8. Name Address of New Registered Agent 8. Name Address of New Registered Agent 8.						588		
CORY, SAMUEL J 7921 NW \$4 CT LAUDERHILL, FL 33351 City FL City FL Zip Code 8. The above named entity submets this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.	Zlp	·	<u> </u>	ountry	5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rymered agent. SIGNATUR State of Florida State of Fl	6. Name and Address of Current Registered Agent			Name .	7. Name and Address of New	Registered Agent		
B. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STREAM OF THE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CORY, SAMUEL STREAT ACCRESS CITY-S1-2P TITLE Delete Delet	7921 NW 54 CT			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
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TITLE NAME CORTY. SAMUEL 7921 NW 64 CT LAUDERHILL, FL 33351 TITLE NAME STREET ADDRESS CITY-S1-7P TITLE NAM	FiLI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fir	nancing \$5	.00 May Be	UM IS		
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12. Thereby certify that the information supplied with this filling 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. SIGNATURE: 3-14-05	indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee ampo or on an attachment with an address, v	true and accurate and that my sign wered to execute this report as rec with all other like empowered.	nature shall have the :	same legal effect as if made under, Florida Statutes; and that my na	r oath; that I am an of	ficer or director	