
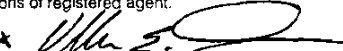
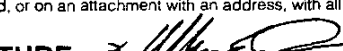


**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

40000404

<b>DOCUMENT # P04000114393</b> 1. Entity Name <b>FLORIDA ATLANTIC SWIM TEAM INC.</b>		03-12-2007 90092 026 ***150.00																																																																																																													
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>642 SOUTHEAST 19TH AVENUE SUITE 1 DEERFIELD BEACH, FL 33441 US</b></div><div>Mailing Address <b>642 SOUTHEAST 19TH AVENUE SUITE 1 DEERFIELD BEACH, FL 33441 US</b></div></div>		<b>400000401</b> 																																																																																																													
<div style="display: flex;"><div style="width: 30%;">2. Principal Place of Business - No P.O. Box #</div><div style="width: 70%;">3. Mailing Address</div></div>		<b>02072007 Chg-P CR2E034 (12/06)</b>																																																																																																													
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<b>6. Name and Address of Current Registered Agent</b> <b>HELLER, STEVEN C 123 NW 13TH STREET SUITE 21406 BOCA RATON, FL 33432</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Allan E. Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>642 Southeast 19th Avenue, Ste. 1</b> City <b>Deerfield Beach</b> FL Zip Code <b>33441</b>																																																																																																													
<b>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.</b> SIGNATURE  <b>ALLAN E. WILLIAMS, PRES.</b> DATE <b>2/7/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																													
<div style="display: flex;"><div style="width: 50%;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td style="width: 60%;">P</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>WILLIAMS, ALLAN E</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>642 SOUTHEAST 19TH AVENUE SUITE 1</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>DEERFIELD BEACH, FL 33441</b></td><td></td></tr><tr><td>TITLE</td><td>V</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>SIKES, CHRISTOPHER A</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>438 NORTHEAST 28TH ROAD</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>BOCA RATON, FL 33431</b></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div><div style="width: 50%;"><b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td style="width: 60%;"></td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div></div>				TITLE	P	<input type="checkbox"/> Delete	NAME	<b>WILLIAMS, ALLAN E</b>		STREET ADDRESS	<b>642 SOUTHEAST 19TH AVENUE SUITE 1</b>		CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>		TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	<b>SIKES, CHRISTOPHER A</b>		STREET ADDRESS	<b>438 NORTHEAST 28TH ROAD</b>		CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>		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	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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<b>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 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.</b>																																																																																																															
SIGNATURE: 		<b>2/7/07 961-251-3724</b> <small>Date Daytime Phone #</small>																																																																																																													