2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 8:00 am Secretary of State

Country Coun	ANNOAL KEPOKI					Secretary or State			
Sure	1. Entity Name					_			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 02252008 Chg.P CR2E034 (12/06)	P 0 80X 576		P O BOX 576						
Cry & State City & State Cit	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
20-2475554	Suite, Apt. #. etc.		Suite, Apt. #, etc.		02252008	Chg-P	CR2E034 (12/06)		
S. Certificate of Status Desired Fee Required F	City & State		City & State						
Name	Zip	Country	Zip	Country	5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
Sirget Address (P.O. Box Number is Not Acceptable)				Name	Name				
B. 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 showed agent agent. SIGNATURE Signature. Investor sended name of implorated agent and 164 accide able. PILE NOWILL' FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D. Change Addition NAME SIRET ADDRESS CITY-S1-2P TITLE D. Change Addition RESLER, MELISSA M 10940 FIESTA ST CLERMONT, FL 34711 TITLE D. Delete TITLE D. Change Addition NAME SIRET ADDRESS CITY-S1-2P TITLE Delete TITLE Delete	10940 FIE	SȚA ST 👙		Street Addres	ss (P.O. Box Numbe	r is Not Acceptab	ite)		
B. 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 showed agent agent. SIGNATURE Signature. Investor sended name of implorated agent and 164 accide able. PILE NOWILL' FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D. Change Addition NAME SIRET ADDRESS CITY-S1-2P TITLE D. Change Addition RESLER, MELISSA M 10940 FIESTA ST CLERMONT, FL 34711 TITLE D. Delete TITLE D. Change Addition NAME SIRET ADDRESS CITY-S1-2P TITLE Delete TITLE Delete				İ					
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Signature, breviold or unrother during of large active of la			or the purpose of changing its r	egistered office or regis	stered agent, or both	n, in the State of F	lorida. I am familiar with,	and accept	
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS III.L NAME RESLER, THOMAS D SIREL ADDRESS 10940 FIESTA ST CLERMONT, FL 34711 TITLL D Debete TITLL D D D D D D D D D D D D D D D D D D	SIGNATURE	3							
### After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.		Signature, typed or printed name of registered agent	and their applicable (NOTE	Registored Agent a gnature rock	uked when roinstabing)		DATE		
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THE NAME PRESIDENT	TITLE NAME STREET ADDRESS	RESLER, THOMAS D 10940 FIESTA ST	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	

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 the an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone •