

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

4002130

[illegible]


03062006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
<b>20-3007875</b>	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
COLODNY, MICHAEL 2000 W. COMMERCIAL BLVD. SUITE 232 FORT LAUDERDALE, FL 33309	Name <b>Myron H. Finkelstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>2393 S. Congress Ave.</b>	
	City <b>West Palm Beach</b>	
	<b>FL</b>	Zip Code <b>33406</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.

SIGNATURE:  3/6/06  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstating) DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C/D</b> <b>Carl Seaman</b> <b>2393 S. Congress Ave.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Dana G. Manning</b> <b>2393 S. Congress Ave.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P/D</b> <b>Myron H. Finkelstein</b> <b>2393 S. Congress Ave.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>Joseph G. Prendamano</b> <b>2393 S. Congress Ave.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/T/S</b> <b>James W. Blake, Jr.</b> <b>2393 S. Congress Ave.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**  3/6/06 (531) 968-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #