2006 FOR PROFIT CORPORATION

FILED May 04, 2006 8:00 am Secretary of State

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Principal Place of Business			Mailing Address				T	ั้นักกดีซอกก				
5518 PHEASANT LANE			· · · · · · · · · · · · · · · · · · ·				٠.	••				
		S		DENTON, FL 3420		3						
									I CARLE EN IL BERN FRANCE			11 3 3 1 1 1 1 3 3 4
2. Principal P	8 PHEASANT LANE DENTON, FL 34209 US rincipal Place of Business uite, Apt. #, etc.		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04:	282006	Chg-P	CR2E	034 (11/05)		
City & State		City & State			4. F	El Number フケー	24340	9 <i>73</i>		oplied For ot Applicable		
Zip	Cou	intry	Zip)	Coun	try	5. 0	Certificate o	of Status Desired	'7 -	\$8.75 Add	ditional
	6. Name and A	ddress of Current	Register	red Agent			7. N	lame and	Address of New	Registered	<u> </u>	
		Ÿ				Name						
	(1, JEROME ASANT LANE	ż		St			ess (P.O. B	lox Numbe	r is Not Acceptat	ole)		
	ON, FL 34209											
						City				F	Zip Cod	
			or the pur	pose of changing its	register	ed office or reg	gistered ag	ent, or both	n, in the State of F			and accept
the obligati	ions of registered a	igent.										
SIGNATURE_	Classical based or prints	gr 1 srg d page of maintered even	and title if a	nolineble (NOTE	- Docietore	d Agent eigneb ve re-	an inad when m	instation)		DATE		
	· · · · · · · · · · · · · · · · · · ·	d name of registered agent	t and title if a	oplicable. (NOTE	: Registere	d Agent signature re	equired when re	instating)		DATE		
FILI	E NOWIII FEE			9. Election Campai Trust Fund Conti	ign Finar	ncing	\$5.00 M Added to F	fay Be		DATE		
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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 mittrell other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #