## 2006 FOR PROFIT CORPORATION ...

## DOCUMENT # P05000129133



## FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Nam	E WAREHOUSE PARTNE					04-27-2006 9	01 / 5 046	***150.0	J0
Principal Plac	e of Business	Mailing Address	ailing Address						
	STATE ROAD 46	4051 WEST STATE ROAD 46 SANFORD, FL 32771							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312006	Chg-P	CR2E034	l (11/05)	
City & State		City & State			4. FEI Numb	"3598871		_ <del></del>	plied For t Applicable
Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired		8.75 Addi e Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent							
NEUKAMN	M. MICHAELE	Name							
301 E PINI	E STREET STE 1400 ), FL 32801		Street Address (	et Address (P.O. Box Number is Not Acceptable)					
			City		<del></del>	FL	Zip Code	)	
<ol> <li>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, a the obligations of registered agent.</li> </ol>									and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DATE									\
	Signatura, typed or printed name or registered agent	and title if applicable. (NOT	L: Hegistere	d Agent signature required	a when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	_		.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND D	RECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRICHARS E. CARSAM 1368 BINCH CREST LAKE MARY, FL.	Delete Court 32746		<b>I</b>			[	Change	Addition
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				, <b></b>	
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NAME			NAM	!					ļ
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CITY-ST-ZIP	certify that the information supplied with	this fiting does not qualify to			d in Chapter 119	9 Fiorida Statutes 1	further certify	that the in	formation
indicated of the cor	on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that r owered to execute this report	ny signa as requi	ture shall have the	same legal effec	et as if made under d	oath: that I am	an officer	or director 1

RICHARD E. CARSAMONE 1-31-06

407-302-4077 Daytime Phone #