## FILED May 18, 2007 8:00 am Secretary of State

## 2007 FOR PROFIT CORPORATION

		ANITOAL	REFURI	_			04-25-200	1/ 90180	041	*150.00
1. Entity Nam	<b>Ye</b>	P05000165 NAGEMENT, IN			UUV					
Principal Plac	e of Business		Mailing Address							
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2 District District Business No. CO. Co. W										KIER II II II I
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						l inniithiin o	OLTI OLIN BONL 1271 TOX	I I II OKA A IKAH AMI	A HEND HAN HAN	[388]    188]
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			03152007	Chg-P	CR2E03	4 (12/06)	
On A Cress			Ch. 2 Chat							
City & State			City & State			4. FEI Number	-404	- 700-	<b>ク  </b>	oplied For
			<u> </u>			1 20	-101	000	> Nc	ot Applicable
Zip	Zip Country		Zip Coun		ry	5. Certificate o	f Status Desired		8.75 Add	
		40				1			ee Require	id
. <u>.                                   </u>	6. Name and	Address of Current			7. Name and A	udress of New R	egistered Ap	jent		
		•		Name						
EDWARDS	S, JAMES E	4		2						
24511 S.E	. HWY 450				Street Address (P.O. Box Number is Not Acceptable)					
UMATILLA, FL 32784										
		•, •								
	· •			ı	City			FL	Zip Cod	e
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			r the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flo	rida. Lam fa	miliar with,	and accept
	tions of registered	i agent.								
4.7		•								
SIGNATURE.	Single as board or no	nted name of registered agent	and ette d applicants (MOTE	Description of	Agent signature required	( when sweet stous)		DATE		<del>-</del>
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		E IS \$150.00	9. Election Cempai Trust Fund Contr	-	•	.00 May Be led to Fees				
After M	AY 1, 2007 F	ee will be \$550.0	110311 3110 00111	i bolioi i.	~~					
10.	<del></del>	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND D	DIRECTOR/	S IN 11
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STREET ADDRESS				STREE	ET ADDRESS					
CITY-S1-ZIP	1	•			S1-ZIP					
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indicator	f on this report or	eunnlemental report is	this filing does not qualify for true and accurate and that in	ny sionat	ure shall have the :	same legal effect.	as if made under d	ath: that l an	n an ofticer	or director
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legat effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to be secure 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.										
January 1 200 1 100 1 100 1 100 100 100 100 100										
SIGNATURE: James C Juments JAMES E FOWARDS 3-15-07 354-669-6500										