FILED May 07, 2007 8:00 am Secretary of State 04-20-2007 90200 013 ***150.00

DOCU 1. Entity Nam ELIZABE	e	# P06000031	0028			6601	3311		
Principal Place of Business 2309 NORTH OLD DIXIE HIGHWAY FORT PIERCE, FL 34946			Mailing Address 2309 NORTH OLD DIXIE HIGHWAY FORT PIERCE, FL 34946			 - - 		UUUU.	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262007	Chg-P	CR2E034 (12/06)	•
City & State			City & State			4. FEI Numb	0 9939		pplied For of Applicable
Zip	Country		Zip	Coun	Country		of Status Desired	\$8.75 Ac	
	6. Name	and Address of Current	t Registered Agent	Name	7. Name and	Address of New Ro	egistered Agent		
BERG, PA 3333 20TH VERO BEA	STREET				Street Address	(P O. Box Numb	er is Not Acceptable)	
					City			FL Zip Cod	de e
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									
Signature, typed or panted reme of registered agent and bite if applicable (NOTE Registered Agent signature required when remissiong) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	,	OFFICERS AND	DIRECTORS_	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE Name	OPST □ Delete IIIL MCCULLEY, JOHN NAM				-			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5 2309 NORTH OLD DIXIE HIGHWAY STR				EI ADOALSS -S1-ZIP				
IMF	· · -		☐ Delete	ratu	E		•	☐ Change	Addition
name Street address				MAM	E ADDRESS				
CITY-\$1-ZIP					-S1-ZIP		•		
TITLE	İ		☐ Delete	, nru	E		-	☐ Change	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS				
CITY-ST-ZiP					-SI-ZIP				
TITLE	Delete TIFL							☐ Change	☐ Addition
NAME STREET ADDRESS		;	gasti de	NAM	ET ADDRESS				
CITY-ST-ZIP					- ST-21P				
TITLE			☐ Delete	e mu	E .	**		☐ Change	Addition
NAME Street address				MAN	ET ADORLSS				
CITY-\$1-ZIP			_		-ST-ZIP				
TITLE	☐ Celete Diff.E				E			☐ Change	Addition
NAME	NAM STR				-				
STREET ADDRESS CITY+ST+ZIP	City				EF ADORESS -ST-ZIP				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, 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 justee 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 attaching yilly an address, with all other like empowered.									
SIGNATURE: John W. Mc Culley 4/17/07 (772) 489-6069									