

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000049590

**Mailing Address**  
**6276 HELICONIA ROAD**  
**DELRAY BEACH, FL 33484**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

Cily

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete☐ Delete☐ Delete

Delete

 Delete

☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ 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:**

Paul Munkler

HERBERT FRANKLIN

4-9-07

(561) 495-0455

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_