

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

40087210



4. FEI Number 20-5822134	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)	
City	FL Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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**9. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**SIGNATURE:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 Sl. 687.3227