DOUGHNEENT # PS200000000000  Commission	2	2005 F	OR PROFI	T CORPOR/ . REPORT	ATIO	N	A	FI pr 29, 2 Secreta	LEC 2005 rv of	) 8:0( f Sta	0 am
380 E. VENCE, NE, 34285       1300 E. VENCE, NE, 34285         Principal Prace of Business.       1. Mailing Address         Side, Apr. A, etc.       Suite, Apr. E, etc.         City & State       4. FEI Number         Side, Apr. A, etc.       Suite, Apr. E, etc.         City & State       4. FEI Number         Side, Apr. A, etc.       Suite, Apr. E, etc.         City & State       4. FEI Number         Side, Apr. A, etc.       Country         City & State       4. FEI Number         Side, Apr. A, etc.       Country         City & State       4. FEI Number         City & State       Side Apr. Address of Courrent Registered Agent         City The Courtery       Side Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery       Finest Address of Courrent Registered Agent         City The Courtery	1. Entity Nam	ne		3950							
Bullor Apt. 4. etc.     Suite. Apt. 4. etc.     04132005     Chy P     CR2E034 (10/03)       City & State     1. FEI Number     Applied For     Applied For       Zip     Country     Zip     Country     S. Certification of Status Desired     S. 75 Additionation       AAFFE, MICHAEL S     Name and Address of Current Registered Agent     T. Name and Address of Nor Registered Agent     T. Name and Address of Nor Registered Agent       AAFFE, MICHAEL S     Street Address of Nor Registered Agent     T. Name and Address of Nor Registered Agent     The Address of Nor Registered Agent       AAFFE, MICHAEL S     Giver FLE     Zip Coole     The adores named exity submits this statement for the purpose of changing its registered agent, or both, in the State of Flocida. Lam familiar with, and accept the obligations of registered agent.       (RNATURE     Street Address for Correction Generation States agent, or both, in the State of Flocida. Lam familiar with, and accept the obligations of registered agent.     Color Flocida for States       (RNATURE     Test Exits Stote Out Stote States agent, or both, in the State of Flocida. Lam familiar with, and accept the obligations of registered agent.     Stote Address for OrPICERS AND DIRECTORS       (RNATURE     OPPT     OrFICERS AND DIRECTORS     11     Address for OrPICERS AND DIRECTORS in 11       (RNATURE     OPPT     OrFICERS AND DIRECTORS     11     Address for OrPICERS AND DIRECTORS in 11       (RNATURE, PLE NOWIN FEEL S 3150.00     PEL Mow	1360 E. VEN	NICE AVE.		1360 E. VENICE AVE				n forto 11011 obtil oolil Onk	1 60616 01101 1931	A 1910) AFIF AT	11 <b>0 T</b> I II <b>IDT</b> I
City & State City	•		ess								
Zp     Country     Zp     Country     S. Tortification of Status Desired     S. 757 Additional       Zp     Country     S. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       APFE MICHAEL S     Name     Name     7. Name and Address of New Registered Agent       ADS FINEAPPLE AVE.     Name     The above named address of New Registered Agent       The above named on thy submits this statement for the purpose of changing is registered office or registered agent, or bolb, in the State of File     The above named address (P.O. Box Number is Net Acceptable)       The above named on thy submits this statement for the purpose of changing is registered office or registered agent, or bolb, in the State of Poricia. Tam fam fam with, and accept the originations of registered agent.     DATE       File Nowith FEE IS \$150.00     9. Decton Campaign Financing     S5.00 May Be       Added to Fees     11.     Added to Fees       SHOEMAKER, DAVID W     0.00000000000000000000000000000000000	Suite, Apt. #, etc. Suite, Apt. #, etc.						04132005	Chg-P	CR2E03	4 (10/03)	
	City & State City & State										
AAFFE, MICHAEL S 40 S. PINEAPPLE AVE. 01 FFL QAR 40 S. PINEAPPLE AVE. 01 FFL QAR 40 S. PINEAPPLE AVE. 01 FFL 34236  City FL 20 Code City FL 20	Zip	<u> </u>			Cour	ntry				ee Require	
40 S. PINEAPPLE AVE: OTH FLOOR       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zp Code         File       OPFICERS AND DIRECTORS       11.         Added to Fees       Tht E       Mode         ShOEMAKER, DAVID W       Tht E       Mode         Wit </td <td>-</td> <td>-</td> <td></td> <td>Hegistered Agent</td> <td></td> <td>Name -</td> <td>7. Name and</td> <td>Address of New R</td> <td>egistered A</td> <td>gent </td> <td></td>	-	-		Hegistered Agent		Name -	7. Name and	Address of New R	egistered A	gent 	
City     FL     Zip Code       The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.     Image: Code of State of State of State of Florida. Tam familiar with, and accept the obligations of registered agent.       IGNATURE     State of State of State of agent.     Image: Code of State of State of Plorida. Tam familiar with, and accept the obligations of registered agent.     DATE       ISNATURE     State of State of State of agent.     Image: Code of State of Plorida. Tam familiar with, and accept the obligation of registered agent.     DATE       ISNATURE     State of State of State of agent.     Image: Code of State of Plorida. Tam familiar with, and accept the obligation of registered agent.     DATE       ISNATURE     State of State of State of Plorida.     Image: Code of Plorida.     Date       Intel Code of Plorida.     Image: Code of Plorida.     Date       Intel Code of Plorida.     Image: Code of Plorida.     Date       Intel Code of Plorida.     Image: Code of Plorida.     Code of Plorida.       Intel Code of Plorida.     Image: Code of Plorida.     Code of Plorida.       Intel Code of Plorida.     Image: Code of Plorida.     Code of Plorida.       Intel Code of Plorida.     Image: Code of Plorida.     Code of Plorida.       Intel Code of Plorida.     Image: Code of Plorida.     Code of Plorida.    <	40 S. PÍN 0TH FLO	IEAPPLE A	AVE.			Street Address (P.O. Box Number is Not Acceptable)					
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. Tam familiar with, and accept the obligations of registered agent.  GNATURE  FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 B. Election Campaign Financing S5.00 May Be Addid to Fees  Title DPST SHOEMAKER, DAVID W WRE SHO						City			FI	Zip Cod	e
Synthet typed of printer unite of inspanses append and the largeback     (HOTE: Regulatere Aquent signature dream and units units)     DATE       FILE NOW[II] FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00     9: Election Campaign Financing Trust Fund Contribution     \$5,00 May Be Addod to Faes       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       0.     OFFICERS AND DIRECTORS     ITILE     MAKE       NS1.00     VENICE, FL 342.85     DIRES     Diales       0.     VENICE, FL 342.85     Dires 1.20     Dires 1.20       0.     Delete     TITLE     MAKE       NS1.00     Delete     TITLE     Dates       NS1.00     Delete     TITLE     Delete       NS1.00     Delete     TI				r the purpose of changing	its register	I red office or register	ed agent, or bo	th, in the State of Flo	rida. Iam fa	amiliar with,	and accept
After May 1, 2005 Fee will bo \$550.00       Trust Fund Contribution.       Added to Fees         2.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       DPST       Change       Addition         wee       ShOEMAKER, DAVID W       Street ADDRESS       ITUE       Addition         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Change       Addition         wee       ShOEMAKER, DAVID W       Street ADDRESS       Change       Addition         VENICE, FL       342.85       Delete       Title       Itile       Change       Addition         WEE       Delete       Title       Itile       Itile       Itile       Addition         MEE       Delete       Title       Itile       Itile       Addition         MEE       Delete       Title       Itile       Addition         MEE       Delete       Title       MAKE       Itile       Addition<	IGNATURE.	Signature, typed (	or printed name of registered agent	and title if applicable. (N	IOTE: Register	ed Agent signature required	I when reinstating)		DATE		
ILE       DPST       IntLE       In											
ME     SHOEMAKER, DAVID W     Induction       NAKE     SHOEMAKER, DAVID W     NAKE       1360 E. VENICE, AVENUE     STRET ADDRESS       V-ST-2P     VENICE, FL       12     Date       ME     Change       Addition       ME       ME       ME       ME       ME       ME        ME       ME       ME       ME       ME       ME       ME       ME        ME		DPST	OFFICERS AND				ADDITIONS/	CHANGES TO OFFI			
LE       Delete       TILE       Change       Addition         MEET ADDRESS       STREET ADDRESS       CITY-ST-2P       Change       Addition         LE       Delete       TILE       Change       Addition         MEET ADDRESS       STREET ADDRESS       CITY-ST-2P       Change       Addition         MEET ADDRESS       STREET ADDRESS       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P         LE       Delete       TILE       NAME       Change       Addition         MEET ADDRESS       STREET ADDRESS       CITY-ST-2P       Addition         LE       Delete       TILE       Change       Addition         MAKE       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       Addition         LE       Delete       TILE       Change       Addition         MAKE       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         LE       Delete       TILE       NAME       Change       Addition         MAE       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         LE       Delete       TILE       Change       Addition         MAE       STREET ADDRESS       CITY-ST-2P       CIT	me Reet address	SHOEMAN 1360 E. VE	ENICE AVENUE		NAN	AE EET ADDRESS					
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ME       NAME         REET ADDRESS       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         LE       Delete         ME       Delete         ME       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         LE       Delete         NAME       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         L. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the repeiver of trus ee end 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 repeiver of trus ee end over edito 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 un aldress. with a other like empowered.         SIGNATURE:       David W. Shoemaker 4/19/05       941-488-2020	me Reet address			Delete	NAN	AE EET ADDRESS				📋 Change	Addition
ME       NAME         REET ADDRESS       STREET ADDRESS         IY- ST-ZIP       CiTY-ST-ZIP         2. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the reperiver of truspee embowered 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 in address, with a other like empowered.         SIGNATURE:	me Reet address			Delete	NAN	AE EET ADDRESS				Change	Addition
David W. Shoemaker 4/19/05 941-488-2020	ME REET ADDRESS TY - ST - ZIP				NAM STR CITY	AE EET ADDRESS Y+ST-ZIP					
David W. Shoemaker 4/19/05 941-488-2020	<ol> <li>I hereby a indicated of the con changed</li> </ol>	certify that the f on this report poration or th , or on an atta	e information supplied with t on supplemental report e receiver o trustee emp chment with un address,	this filing does not qualify s true and accurate and the owered to execute this rep with a other like empower	for the exe at my signa ort as requ ed.	emption stated in Se ature shall have the ired by Chapter 607	ction 119.07(3) same legal effect , Florida Statute	(i), Florida Statutes. I t as if made under c s; and that my name	further certi bath; that I ar appears in	fy that the ir n an officer Block 10 or	nformation or director r Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Daytime Phone #	IGNAT	URE:			Dav	d W. Shoer	naker 4	/19/05_94	1-488-2	2020	