

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000075605 1. Entity Name WESTFORK HOLDINGS, INC.		Apr 27, 2007 08:00 Secretary of State	
Principal Place of Business 3490 NORTH U.S. 1 HIGHWAY COCOA, FL 32922		Mailing Address P.O. BOX 540829 MERRITT ISLAND, FL 32954	
DO NOT WRITE IN THIS SPACE		 04232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3168730	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOILEAU, JOHN L 3490 NORTH U.S. 1 HIGHWAY COCOA, FL 32922		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="margin-bottom: 20px;">U000000739723 05/14/07-80038-021 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	HAMILTON, BRIAN		
STREET ADDRESS	3490 NORTH U.S. 1 HIGHWAY		
CITY-ST-ZIP	COCOA, FL 32922		
TITLE	D		
NAME	MEYER, MICHAEL		
STREET ADDRESS	3490 NORTH U.S. 1 HIGHWAY		
CITY-ST-ZIP	COCOA, FL 32922		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		04/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	