2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P93000086 s PÚB, INC.	8891					0.7		.ED	
### Amonded Air Is \$41.25 ### Amonded Air Is \$4	Principal Place of Business Mailing Address			Ĺ	611						
2. Principal Pauce of Business - No P O Box #	4723 THOMAS DRIVE 4723 THOMAS DRIVE				8			SECI TALL	RETARY AHASSE	OF STA	TE RIDA
City & State Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address										
Special Country 2.D Country S. Certificate of States Desired See TS Additional File Registered Agent 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 accordance of the originate of agent accordance of a gent accordance	Suite, Apt. #, etc. Suite, Apt. #, etc.					07	7112007	Chg-P	CR2E	034 (12/06)	
Second Country Seco	City & State City & State					4.					
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name	Zip	Country	Zip	Zip Country				······································	Ø	\$8.75 Add	ditional
HESS, GLENN L PANAMA CITY BEACH, FL 32408 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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 jamiliar with, and acceptable of the code of the collegations of registered agent, or both, in the State of Florida. I am jamiliar with, and acceptable of the code of the c		6. Name and Address of Curren	L Registered Agent			7.	Name and	Address of New	Registered		
Sire Address (P.O. Box Number is Not Acceptable) City FL Zip Code	HESS GI		Name								
City 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 farmiliar with, and according to control of the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and according to control of the college of t	9108 FRONT BEACH RD.				Street Address (P.O. Box Number is Not Acceptable)						
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 Jamiliar with, and according to the obligations of registered agent. SignATURE. Signature, typed or printed twere of tragstered agent and thin if application. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. TITLE D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. NAME NOLES, DIANE SITERIA TORISS OITY-ST-OPP PANAMA CITY BEACH, FL 32408 Delete ITTLE D Delete NAME SITERIA TORISS OITY-ST-OP PANAMA CITY BEACH, FL 32408 Delete ITTLE Delete Dele		on i benon, i'e benoe								T =	
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