FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90085 042 ***150.00

2007 FOR PROFIT CORPORATION

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City & State Country SA State SA State SA State SA State SA SA SA SA SA SA SA S	Color And House		Suite Ant # etc		7	Chq-P	CR2E034 (12/06)		
8. Name and Address of Current Registered Agent Name 1. Name and Address of New Registered Agent Name 217 N. CHECKERBERRY WY JACKSONVILLE, FL 32259 8. The above named early, submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation purposes of changing its registered agent, or both, in the State of Florids. SIGNATURE 10. PL 20. Chy 1. The State of Florids. 21. Chy 1. The State of Florids. 22. Chy 2. The State of Florids. 23. Chy 3. The State of Florids. 24. Chy 3. The State of Florids. 25. Chy 3. The State of Florids. 25. Chy 3. The State of Florids. 25. Chy 3. The State									
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		ortify that the information available 196	this filling does not qualify to the	L	ad in Chapter 11	0. Elorida Statutos 1	further certify that the i-	oformation.	

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 trystee 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 optices symptox a) other like empowered.

SIGNATURE: _<

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR