

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



01092007 No Chg-P CR2E034 (11/05)

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IN THIS SPACE**

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

10.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, HARRY S 805 HARBOUR ISLES PLACE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HAMILTON, LEE C 805 HARBOUR ISLES PLACE PALM BEACH GARDENS, FL 33410	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 541/6553115  
Date Daytime Phone #