## FILED Feb 14, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-2P TITLE V PARKLAND, FL 33067  TITLE V STREET ADDRESS CITY-ST-2P MARIETTA, HELENE M STREET ADDRESS CITY-ST-2P MARIETTA, GA 30068  TITLE NAME NICHOLAS, DIANNE TITLE NAME STREET ADDRESS CITY-ST-2P ALPHARETTA, GA 30004  TITLE NAME STREET ADDRESS CITY-ST-2P	
Mailing Address 1120S ALPHARETHA HWY ROSWELL 6A 33076  L. Principal Place of Business - No P.O. Box # 1120S ALPHARETHA HWY ROSWELL 6A 33076  Suite, Apr. #, etc.	
11.20S ALPHARETHA HWY POSMELL GA 33076  11.20S ALPHARETHA HWY POSMELL GA 33076  11.20S ALPHARETHA HWY POSMELL GA 33076  12. Principal Place of Business - No P.C. Box # 3. Mailing Address  Suite, Apt. #, etc.   20052008   Chg-P   CR2E(34 (12)06)  City & State   4. FEI Number   Aspected   Sc. O554(037   Applied   Not Address   Applied   Sc. Other Common   Not Address   Applied   Sc. Other Common   Sc. Other Com	
Suite. Apt. #, etc.    Suite. Apt. #, etc.   City & State   City & State   A. FEI Number   A. FEI Number   A. FEI Number   A. FEI Number   S. Costificate of Status Desired   S. F. F. Additional   Non App   A. FEI Number   S. Costificate of Status Desired   S. F. Additional   Non App   S. Costificate of Status Desired   S. F. Additional   Non App   S. Costificate of Status Desired   S. F. Additional   Non App   S. Costificate of Status Desired   S. F. Additional   Non App   S. Costificate of Status Desired   S. F. Additional   Non App   S. Costificate of Status Desired	
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City & State  S. Certificate of Status Desired  \$ 32.75 Additions  \$ Certificate of Status Desired  \$ 32.75 Additions  \$ Certificate of Status Desired  \$ 32.75 Additions  City	11
Zip Country Zip Country S. Certificate of Status Desired S.75 Additions Fee Required LCHOLAS.  I.CHOLAS. RICHARD TOR NAME Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  GNATURE Sometime, typical or principles agent and the obligations of registered agent and the obligations of registered agent agent and the obligations of registered agent.  FILE MOWITH FEE IS \$150,00 After May 1, 2008 Fee will be \$550,00 Tust Fund Contribution.  GNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
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6. Name and Address of Current Registered Agent   CI-CHOLAS, RICHARD   Size Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code   City   FL   Zip	
CHOLAFS   CHARD   City   FL   Zip Code	<u>-                                    </u>
Street Address (P.O. Box Number is Not Acceptable)  City	
City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of change in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for both in the State of Florida. I am familiar with, and a statement for both in the State of Florida. I am familiar with, and a statement for both in the State of Florida. I am familiar with, and a statement for both. In the State of Florida. I am familiar with, and a statement for both. In the State of Florida. I am familiar with, and a statement with, and a statement with, and a statement with, and a statement for both. In the State of Florida. I am familiar with, and a statement with, and a statement with and a statement for both. In the State of Florida. I am familiar with, and a statement with and a statement for the purpose of Florida. I am familiar with, and a statement for the purpose of Florida.     FILE NOWIN	
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I. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informal 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 directly 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 changed, or on an attachment with an address, with all other like empowered.	ector i
GNATURE: Kichel Nicholis 2/6/08 70-687-54	k 11 if