	2	2008 FOR PROFI	T CORPORA	TION	FILED Apr 02, 2008 8:00 au Secretary of State		
	1. Entity Nam	ne					
Siller, Apl. 4, etc.     Sate, Apl. 4, etc.     0312008     Chy-P     CR2ED34 (12/06)       Chy & State     Chy & State     4. FEI Number 59-3324162     Appl.ed. [Not Address 59-3324162     Appl.ed. [Not Address 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-6 Regulated 59-7 Regulate	4840 TOWEF	RROAD	4840 TOWER ROAD	303			
Cay & State     0.312008     CACED 4 (200)       Country     Applicit       Zip     Country     Zip     Country     S. Cartificate of Status Desired     Applicit       State Country     State Country       S. Mane and Address of Current Registanid Apprix     T. Name and Address of New Registance Applix       Name       ROBSON, TERESA     TALLAHASSEE, FL 32303       Name       Street Address (P.O. Box Number is Not Acceptable)       Charter Registance Applix       Name       Street Address (P.O. Box Number is Not Acceptable)       Charter Registance Applix       Name       Country       Itel Address (P.O. Box Number is Not Acceptable)       Country       FL       Zip       Country       Itel Address (P.O. Box Number is Not Acceptable)       Country       FL       Zip       Country       Register Applicit       Number is Not Acceptable       Country       Sign Address of Current Registanid Apprix       Not Cu	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Zip     Country     Zip     Country     S. Certificate of Status, Desired     S. Certificate of Status,	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312008 Chg-P CR2E034 (12/06)		
S. Certification of Address of Current Registered Agent      S. Certification of Status Desired      S. Certification of Status Desired      S. Certification of Status Desired      Desire      Status Desired      Desire      Status Desired      Desire      Status Desired      Desired      Status D	City & State		City & State				
	Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired		
TO78 BLUEBERRY HILL DR TALLAHASSEE, FL 32303       Street Address (P.C. Box Number is Not Acceptable)         Cry       FL       Zip Code         Cry       FL       Zip Code         8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and an the obligations of registered agent.       Date         SIGNATURE       Segment fixed agent.       ONTE       Date         FLE NOWTH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees       Date         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI RET MOXES       To Calvary Ct. WAE       Change IA         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI RET MOXES       To Calvary Ct. WAE       Change IA         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI WAE       To Calvary Ct. WAE       Change IA         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI WAE       Change IA         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI WAE       Change IA         10.       Change	·····	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent		
City         FL         Zip Code           City         FL         Zip Code           In the obligations of registered agent.         Elsection Campaign Else registered agent, or both, in the State of Florida. I am familiar with, and an interest of the other agent.         DNE           SIGNATURE         Begatere, fried to predict agent a	7078 BLUEBERRY HILL DR			Street A	Street Address (P.O. Box Number is Not Acceptable)		
The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and an explosions of registered agent.     SIGNATURE     Sequence type of a present over of registered agent.     SIGNATURE     Sequence type of a present over of registered agent and the displayed agent agent and the displayed agent and the displayed agent and the displayed agent ag		55EE, FL 52505			· · · · · · · · · · · · · · · · · · ·		
the obligations of registered agent.  SIGNATURE Signate, typed or present over of the # september.  INOTE: Registered Agent septement Agent and the # september.  INOTE: Registered Agent septement Agent and the # september.  INOTE: Registered Agent septement Agent and the # september.  INOTE: Registered Agent septement Agent and the # september.  INOTE: Registered Agent septement Agent september Agent september adverter restarcarg)  DATE  FILE NOWNII FEEL IS \$150.00  After May 1, 2008 Fee will be \$550.00  IT US: Fund Contribution  IT U  PD  CFFICERS AND DIRECTORS  II.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III.  PD  CRABGE NVME  ROBSON, TERESA  TOTA BLUEBERRY HILL DR  TITLE  NVME  CAHEE, SUSAN  STRET ADDRES  TOTA BLUEBERRY HILL DR  STRET ADDRES  TOTA SL.2B  TO CallYARY Cf.  TO CallYARY Cf							
After May 1, 2008 Fee will be \$550.00       Trust Fund Contribution.       Added to Pees         110.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       PD       ITTLE       ITTLE       ITTLE         NWE       ROBSON, TERESA       ITTLE       INWE       ITTLE         NWE       TOTAB BLUEBERRY HILL DR       ITTLE       ITTLE       INWE         OTT-ST-2P       TALLAHASSEE, FL 32303       ITTLE       ITTLE       ITTLE         ITTLE       VD       STRET ADDRESS       TOT Calvary Ct.       ITTLE         ITTLE       VD       ITTLE       ITTLE       ITTLE       ITTLE <th>-</th> <th></th> <th>nt and the it applicable. (NO)</th> <th>FE: Registered Agent signat</th> <th>gnature required when ivenstating) DATE</th>	-		nt and the it applicable. (NO)	FE: Registered Agent signat	gnature required when ivenstating) DATE		
TITLE       PD       □ Delete       TITLE       □ Change       □ A         NMME       ROBSON, TERESA       STREET ADDRESS       TALLAHASSEE, FL 32303       □ TITLE       □ MAUE       □ Delete       ITTLE         ITTLE       VD       □ Delete       ITTLE       NAME       ○ Calvary Ct.       □ A         STREET ADDRESS       RT 3 BOX 369G       □ Delete       ITTLE       NAME       ○ Calvary Ct.       □ A         STREET ADDRESS       RT 3 BOX 369G       □ Delete       ITTLE       NAME       ○ Calvary Ct.       □ A         STREET ADDRESS       RT 3 BOX 369G       □ Delete       ITTLE       NAME       ○ Calvary Ct.       □ A         STREET ADDRESS       RT 3 BOX 369G       □ Delete       ITTLE       NAME       ○ Calvary Ct.       □ A         STREET ADDRESS       RT 4DARASSEE, FL 32303       □ Delete       ITTLE       □ Change       □ A         NAME       □ Delete       ITTLE       NAME       □ Delete       ITTLE       □ Change       □ A         NAME       □ Delete       ITTLE       □ Delete       ITTLE       □ Change       □ A         NAME       □ Delete       ITTLE       □ Change       □ A       □ A       □ A       □ A	FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550			\$5.00 May Be Added to Fees		
NME       ROBSON, TERESA       IMME         STRET ADDRESS       7078 BLUEBERRY HILL DR       STRET ADDRESS         CITY-ST-2P       TALLAHASSEE, FL 32303       CITY-ST-2P         ITIL       VD       Delate       ITIL         NME       CAHEE, SUSAN       IMME         STRET ADDRESS       RT 3 BOX 369G       STRET ADDRESS         CITY-ST-2P       HAVANA, FL       CTY-ST-2P         TITLE       STRET ADDRESS       70 Calvary Ct.         MME       CAHEE, SUSAN       IMME         STRET ADDRESS       RT 3 BOX 369G       STRET ADDRESS         CITY-ST-2P       TALLAHASSEE, FL 32303       CTY-ST-2P         MME       ROBSON, JAMES       IMME         STRET ADDRESS       7078 BLUEBERRY HILL DR       STRET ADDRESS         CITY-ST-2P       TALLAHASSEE, FL 32303       CTY-ST-2P         HILE       IMME       IMME         STRET ADDRESS       CTY-ST-2P       CHange       A         MAME       STRET ADDRESS       CTY-ST-2P       CHange       A         STRET ADDRESS       CTY-ST-2P       CTY-ST-2P       CHange       A         ITLE       IMME       IMME       STRET ADDRESS       CTY-ST-2P         ITLE       <		1 <sup>-1</sup>			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
MALE       CAHEE, SUSAN       INALE         STREET ADDRESS       RT 3 BOX 369G       STREET ADDRESS       TO Calvary Ct.         ITTLE       ST       Delete       ITTLE         NAME       ROBSON, JAMES       STREET ADDRESS       TO Calvary Ct.         STRET ADDRESS       TOTS I       Delete       ITTLE         NAME       ROBSON, JAMES       STREET ADDRESS       CTT'-ST-2P         ITTLE       TALLAHASSEE, FL 32303       CTT'-ST-2P         ITTLE       Delete       ITTLE         NAME       STREET ADDRESS       CTT'-ST-2P	NAME STREET ADDRESS	ROBSON, TERESA 7078 BLUEBERRY HILL DR	L Delete	NAME STREET ADDRESS			
TITLE       ST       Delete       TITLE       Change       A         NAME       ROBSON, JAMES       STREET ADDRESS       STREET ADDRESS       CTY-ST-2P       Change       A         STREET ADDRESS       TALLAHASSEE, FL 32303       CTY-ST-2P       TALLAHASSEE, FL 32303       CTY-ST-2P         TITLE       Delete       TITLE       CTY-ST-2P       CTY-ST-2P       CTY-ST-2P         STREET ADDRESS       STREET ADDRESS       CTY-ST-2P       CTY-ST-2P       CTY-ST-2P         TITLE       Delete       TITLE       NAME       CTY-ST-2P         TITLE       Delete       TITLE       CTY-ST-2P       CTY-ST-2P         TITLE       Delete       TITLE       CTY-ST-2P       CTY-ST-2P         TITLE       Delete       TITLE       Change       A         NAME       STREET ADDRESS       CTY-ST-2P       CTY-ST-2P       CTY-ST-2P         TITLE       Delete       TITLE       NAME       Change       A         NAME       STREET ADDRESS       CTY-ST-2P	NAME Street address	CAHEE, SUSAN RT 3 BOX 369G	Delete	NAME			
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         12. 1 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rup becapier or its rupe and accurate and that my signature shall have the same legal effect as if made under oabrt, that an an officer or ding of the corporation or the	NAME STREET ADDRESS	ROBSON, JAMES 7078 BLUEBERRY HILL DR	Delete	THTLE NAME STREET ADDRESS	Change Additio		
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITA         TAME       STREET ADDRESS         CITY-ST-ZIP       CITA         12. 1 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 if report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if an an officer or dire or block 10 or Block 10 or Block	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZP         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 dire or provide this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block	NAME Street address		Delete	NAME STREET ADDRESS			
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 dire 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	NAME STREET ADDRESS		🗋 Deiele	NAME STREET ADDRESS			
SIGNATURE: Juich Likolin 3/31/08 85056304	indicated of the co changed	t on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this report	my signature shall h t as required by Ch	all have the same legal effect as if made under oath; that I am an officer or director		