FILED Jul 03, 2008 8:00 am Secretary of State

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	AIIIIVAL	1751 0171			_	BULLU	iary or	State
1. Entity Nam	MENT # P96000030			Af		90014 046 °,		
District District	(P -'	Adelline Address		حنت	4(_		
Principal Place 5980 SNOWN SNOWMASS,	MASS CREEK RD.	Mailing Address 5980 SNOWMASS CREEL SNOWMASS, CO 81654						
						ING SUM BOUG BOOK ON	IN Taino iirii Ta ini o itti q	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
V780) NOWMASS C	1 190 .						
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.			06022008	Chg-P	CR2E034 (12	/06)
City & State		City & Stage			4. FEI Numbe			Applied For
	COMMITTY /	710	Country		65-0659	9674	¢0.75	Not Applicable
8/62	54 TITKIN	8/654	Country		5. Certificate	of Status Desired	Fee Re	Additional quired
	6. Name and Address of Current F	Registered Agent		.,	7. Name and	Address of New F	legistered Agent	
HANN IEI	FFREY C CPA		Narr	HAN	D. JEI	FRES	C. C	PA
	DON BLVD., STE 202		Stre	Address	(P O Box Numbe	r is Not Agceptabl	Blu	n
KEY BISC	AYNE, FL 33149		<i>.</i>	NOW	0///	<u> </u>	/32 V/	
~	•		City	501	TC d	03	4 - 4 7in	Codo
:			City	16/	13150	ASKE	fL 3	3749
8. The above the obligation	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offic	e or egiste	red agent, or bot	h, in the State of FI	orida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	ad tito it conficution (NYTE)	: Registered Agent s	doahus saguise	d whon reinstation)		DATE	
.,	Signature, typed or printed name or registered agent a	nd life ii applicable. (IVOTE	: падізгетай жувіт з	iĝiratora radona	o wieri ienizianiti			
	LE NOW!!! FEE IS \$850.00 ue by September 12, 2008	9. Election Campaiq Trust Fund Contri			.00 May Be ded to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	CTORS IN 11
TITLE	PD	☐ Delete	TITLE				☐ Ch	ange 🔲 Addition
NAME STREET ADDRESS	WOODROW, RAYMOND H		NAME Street addre	FSS				
CITY-ST-ZIP	SNOWMASS, CO 81654		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Ch	ange 🔲 Addition
NAME			NAME STREET LOOP					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	155				
TITLE	· ·	☐ Delete	TITLE				☐ Ch	ange
NAME		July 10	NAME					
STREET ADDRESS			STREET ADDR	ESS				
CITY-ST-ZIP			CITY-ST-ZiP					ange
TITLE NAME		☐ Delete	TITLE NAMÉ				cn	ange Hadiiiali
STREET ADDRESS			STREET ADDR	ESS				
CITY-ST-ZIP			CITY-ST-ZIP	1				
TITLE NAME		☐ Delete	TITLE NAME				☐ Ch	ange 🔲 Addition
STREET ADDRESS			STREET ADDR	ESS				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Ch	ange 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDR	FSS				
CITY-ST-ZIP			CITY-ST-ZIP					
12. i hereby	certify that the information supplied with	this filing does not qualify for	r the exemptio	ns containe	d in Chapter 119	, Florida Statutes.	I further certify that	the information
indicated of the cor	certify that the information supplied with don this report or supplemental report is rporation or the receiver or trustee ampo , or on an attachment with an address, w	true and accurate and that movered to execute this report	ny signature sh as required by	all have the Chapter 60	same legal effec 7, Florida Statute	t as if made under s; and that my nan	oath; that I am an d ne appears in Block	officer or director 10 or Block 11 if
changed	, or on an attachment with an address, v	vith all other like empowered.	-/ /	1	, 	1 . 1		
SIGNAT	TIRE Amu	and //. K	l part	2005	- 6/	15/08	971-	912-03
SIGITAL	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR			Pate	Daytime Pt	none #