DOCUMENT # P96000074893 Secretary of State	2004 FOR PROFIT CORPORATION			FILED
B220 SUMH GRANGE BLOSSOM TRAIL SUPE 108 ORLANDO, FL 32809       S220 SUMH GRANGE BLOSSOM TRAIL SUPE 108 ORLANDO, FL 32809       S         DO NOT WRITE IN THIS SPACE       D1232004       No Cru-P       CREEDEd (1000)         4. Set in and Address of Oursent Registered Agent       D1232004       No Cru-P       CREEDEd (1000)         5. Ourse and Address of Oursent Registered Agent       DO NOT WRITE       State Address of Oursent Registered Agent         JARVIS, EDGAR L 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809       DO NOT WRITE       State of Photos. 1 an itemilar with, and accept In THIS SPACE         JARVIS, EDGAR L 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809       DO NOT WRITE       State of Photos. 1 an itemilar with, and accept In THIS SPACE         JARVIS, EDGAR L 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809       POTE hysters Agent general agent or both, is the State of Photos. 1 an itemilar with, and accept In THIS SPACE         JARVIS, EDGAR L 100000001 37147 01/26/04-80056-008 150.00       State of Photos. 1 an itemilar with, and accept Inter mark and DIRECTORS       State of Photos. 1 an itemilar with, and accept Inter mark and DIRECTORS         Mark Mark Mark BLORER L 10120000001 37147 01/26/04-80056-008 150.00       State of Photos. 1 and Call       DO NOT WRITE IN THIS SPACE         Mark Mark Mark Mark Mark Mark Mark Mark	1. Entity Name			Jan 26, 2004 08:00 AM Secretary of State
	6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809 US	6220 SOUTH ORANGE BLOSSO SUITE 108 Orlando, FL 32809 US		01232004 No Chg-P CR2E034 (10/03)
JARVIS, EDGAR L 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 103 ORLANDO, FL 32809				5 Certificate of Status Desired Status Additional
Built 103       IN THIS SPACE         IN THIS SPACE       IN THIS SPACE         In be above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the boligations of registered agent.       Image: Space Sp	· ·····	egistered Agent	- · · · · · · · · ·	
the obligations of registered agent.  SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE: SIGNATURE SIGNAT	6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108	····		
10.       OFFICERS AND DIRECTORS         ITTLE       P         NAME       JARVIS, VIRGINIA P         STRET ADDRSS       01/26/04-80066-008 150.00         CITY-ST-2P       WINDERMERE, FL 34786         TTLE       ST         NAME       JARVIS, EGGAR L         STRET ADDRSS       T735 LAKE ROBERTS CT         CITY-ST-2P       WINDERMERE, FL 34786         TTLE       ST         NAME       JARVIS, EGGAR L         STRET ADDRSS       T735 LAKE ROBERTS CT         CITY-ST-2P       WINDERMERE, FL 34786         TTLE       NWE         STRET ADDRSS       CTY-ST-2P         TITLE       MAME         STRET ADDRSS       CTY-ST-2P         TITL	the obligations of registered agent. SIGNATURE	d tile if applicable. (NOTE: Register 9. Election Campaign Fina	ed Agent signature require	1 when reinstabling) DATE
STRET ADDRESS       1735 LAKE ROBERTS CT WINDERMERE, FL 34786         TTLL       ST NAME         STRET ADDRESS       1735 LAKE ROBERTS CT OTT-ST-2P         WINDERMERE, FL 34786         TTLE NAME         STRET ADDRESS         TTLE         NAME         STRET ADDRESS         TTLE         NAME         STRET ADDRESS         TTLE         NAME         STRET ADDRESS         CITY-ST-2P         TTLE         N	10. OFFICERS AND D		-	U00000013747 01/26/04-80066-008 150.00
NME       JARVIS, EDGAR L         1735 LAKE ROBERTS CT       1735 LAKE ROBERTS CT         UITLE       WINDERMERE, FL 34786         TITLE       MME         STRET ADDRESS       DO NOT WRITE         ITTLE       IN THIS SPACE         NAME       STRET ADDRESS         UITV-SI-2P       DO NOT WRITE         ITTLE       IN THIS SPACE         STRET ADDRESS       IN THIS SPACE         UITV-SI-2P       IN THIS SPACE         ITTLE       NME         STRET ADDRESS       IN THIS SPACE         UITV-SI-2P       ITTLE         NAME       STRET ADDRESS         UITV-SI-2P       ITTLE         ITTLE       NAME         STRET ADDRESS       ITTLE         ITTLE       MME         STRET ADDRESS       ITTLE         ITTLE       NAME         STRET ADDRESS       ITTLE         ITTLE       NAME         STRET ADDRESS       ITTLE         ITTLE       ITTLE         MAME       STRET ADDRESS         ITTLE       ITTLE         MAME       STRET ADDRESS         ITTLE       ITTLE         ITTLE       ITTLE	STREET ADDRESS 1735 LAKE ROBERTS CT	· · · ·		
NME       STREET ADDRESS       DO NOT WRITE         CITY-ST-2P       DO NOT WRITE       IN THIS SPACE         TITLE       NME       IN THIS SPACE         STRET ADDRESS       CITY-ST-2P       IN THIS SPACE         TITLE       NAME       STRET ADDRESS       CITY-ST-2P         111       Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I made under cath, that I am an officer or director of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as I made under cath, that I am an officer or director of the corporation or the receiver or trustee and hat my signature shall have the same legal effect as I made under cath, that I am an officer or director of the corporation or the receiver or trustee and that my signature shall have the same legal effect as I made under cath, that I am an officer or director of the corporation or the receiver or trustee argowered.         SIGNATURE:       MAME       1/23/04       407-240-7633	NAME         JARVIS, EDGAR L           STREET ADDRESS         1735 LAKE ROBERTS CT		-	
NAME         STREET ADDRESS         CITY-ST-ZIP         ITTLE         NAME         STREET ADDRESS         CITY-ST-ZIP         I2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemential 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 trustee 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 address, with all other like empowered.         SIGNATURE:       SIGNATURE:	NAME STREET ADDRESS CITY-ST-ZIP			
NAME         STREET ADDRESS         CITY-ST-2P         TITLE         NAME         STREET ADDRESS         CITY-ST-2P         12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 director 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 11 if changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       SIGNATURE	NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 director 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 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE:	NAME STREET ADDRESS			
SIGNATURE: Elatur f Jun 1/23/04 407-240-7633	NAME STREET ADDRESS			
SIGNATURE:	<ol> <li>I hereby certify that the information supplied with the indicated on this report or supplemental report is of the corporation or the receiver or trustee empoyed changed, or on an attachment with an address, we are the supplementation of the corporation of the corporation of the section o</li></ol>	his filing does not qualify for the exe true and accurate and that my signa wered to execute this report as requ ith all other like empowered.	emption stated in S ature shall have the lired by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
		INTED NAME OF SIGNING OFFICER OR DIREC	TOR	//23/04 407-240-7633 Date Devime Phone *

---