2000 HNICODM BHCINEGG DEDORT (HRD)

1. Entity Nam	MENT # P970000	008656	<u>()</u>	FILED Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90123 021 ***150.00	
Principal Plac	e of Business	Mailing Address		04-03-2000 90123 021 ***150.00	
2909 WEST STATE ROAD 434 SUITE 121-131 LONGWOOD FL 32779		2909 WEST STATE ROAD 434 SUITE 121-131 LONGWOOD FL 32779-4837			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3426781 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
BARRY S GOODMAN 2909 W STATE RD 434			Street Ad	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 121-131 LONGWOOD FL 32779			City	FL Zip Code	
	oration is eligible to satisfy its Intangible	FILE NOW	/!!! FEE IS \$150.00		
(See criter	requirement and elects to do so.	After MAY 1, 2	000 Fee will be \$55 ble to Department	0.00 Trust Fund Contribution. Added to Fees	
	ria on back)OFFICERS AND	After MAY 1, 2 Make Check Paya	000 Fee will be \$55	0.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. TITLE NAME	OFFICERS AND OFFICERS AND OFFICERS AND GOOMAN, BARRY S	After MAY 1, 2 Make Check Paya	000 Fee will be \$55 ble to Department	o.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Goodman, Barry S.	
11. TITLE NAME STREET ADDRESS	OFFICERS AND OFFIC	After MAY 1, 2 Make Check Paya DIRECTORS Delete	000 Fee will be \$55 ble to Department 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD	
11. TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS	OFFICERS AND OFFIC	After MAY 1, 2 Make Check Paya	000 Fee will be \$55 ble to Department 12. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Goodman, Barry S. 2909 W. State Road 434, Suite 121-131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND	After MAY 1, 2 Make Check Paya DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD	
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of the corporation or the receiver or truchanged, or on an attachment with an Combred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the powered.

Barry S. Goodman, President 3/29/06(407) 786-4244

Date Date Dayline Phone * SIGNATURE: DATE WITED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE