FOR PROF	IT CORPORATION	ON .	
DOCUMENT # P97	TCHESON ENGIN ER	FILED. SECRETARY OF STATE DIVISION OF CORPORATIONS	
			DIVISION OF CORPORATIONS O2 JUN 11 PM 3: 57
DO NOT WR	ITE IN THIS SP	PACE	
2. Principal Place of Business 2015 DELTA BOULE Suite, Apt. #, etc. 200	3. Mailing Address Suite, Apt. #, etc.	ME	2002 MENDED UBR
City & State IAUAHASSEE, FZ. Zip Country	City & State	0	4. FEI Number
#= 32303 LEUN	, Z.p	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		// //	OBERT D. GEORGE S (P.O. Box Number is No Acceptable) S DEL 14 BOULEVARD Suite 200
8. The shove named and culpmits this state.	nont di the sures of the said	CityTAIIA	HASSEE FL Zip Code 32303
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Signatu			
9. This corporation is eligible to satisfy its Inte Tax filing requirement and elects to do so. (See criteria on back)	After May 1 Amended Make Check Payable	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
NAME DIRECTOR D. GEUR	GAND DIRECTORS GE Weyard Suite 200 - 3233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	348 (12/01)
NAME STREET ADDRESS CITY-ST-ZIP Director DAVID W. HUTCH 2015 Delta Bo	ESON WEVARD, Suite 200.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000059744767 -06/25/0201056018
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	***** ^{70.00} ***** ^{70.00} DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. 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 accorate 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: Kolon & Hum ROBERT D. GEORGE 04/11/02 (80) 422-0020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			