FOR PROFIT CORPORATION JICADM DIICIRICCC DEDADT (IIDD)

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE .

SIGNATURE:

FILED Mar 26, 2002 8:00 am Secretary of State

***150.00

DATE

Applied For Not Applicable

₹%5ZJ

CR2E034B (12/01)

OIAILAKIN DOSHAFSS KFLOK! (ADDV)					Secretary of Sta		
DOCUMENT # F		001150 WG, INC.	1		03-26-200	2 9001	0 019 ***150.
	WRITE	IN THIS S				B00	50333
2. Principal Place of Business 2 / 4 % PLACE VIEW CIR Suite, Apt. #, etc.		3. Mailing Address Prof View Cir. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Pensacola, FL		PEUSALOLA, FL		4. FEI Number 59-3554567		Applied Not App	
Zip 37526 Cour		^{2/0} 32526	Cour	atry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
			35.75		7. Name and Address of Current R	egistere	d Agent
DO NOT WRITE Name Halls Street Address (STOPHER RIMPF.			
שט.	KIIE			Street Address (P.O. Bornumber is Not Acceptable)			
TNI	HIS SP	ACE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				City Con	sa cola	Fl	Zip Code 5 Z

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

January 1 - Cley 1 Fee is \$150.00
After Clay 1, Fee is \$590.00
Amended UBR is \$61.25
Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so, Trust Fund Contribution. Added to Fees (See critoria on back) OFFICERS AND DIRECTORS 11. TILE TITLE RIMPF, CHRISTOPHER NAME NAME 48 PINE VIEW CLIR STREET, ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE TITLE ST NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DNE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY=57-ZIP. IN THIS SPACE TITLE (2) HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP $\pi\pi$ TILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY: ST-ZIP. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLIA 21 576 CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 usate 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 eigenvered.

(NOTE: Registered Agent signature required when reinstating)