

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # S77464



**Mailing Address**  
3670 TAMPA RD  
OLDSMAR, FL 34677

3. Mailing Address  
P.O. BOX 100

Suite, Apt. #, etc.

City & State  
PORT RICHEY, FL

|            |         |
|------------|---------|
| Zip        | Country |
| 34734-0100 | U.S.A.  |

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 59-3082109    | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

|  |             |
|--|-------------|
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

|     |   |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

|       |   |
|-------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|---|

|      |  |
|------|--|
| NAME |  |
|------|--|

STREET ADDRESS

|             |  |
|-------------|--|
| CITY-ST-ZIP |  |
|-------------|--|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| NAME |
|------|
|------|

SIGNATURE: Keith Potter . KEITH POTTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2006 - 727-389-5806

| Date | Daytime Phone # |
|------|-----------------|
|------|-----------------|