2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G44818

1. Entity Name

SCHMIER & FEURRING PROPERTIES, INC.



Principal Place of Business

7777 GLADES RD., STE 310 BOCA RATON, FL 33434-1150 Mailing Address

7777 GLADES RD., STE 310 BOCA RATON, FL 33434-1150

FILED Apr 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2299287

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J. 7777 GLADES ROAD, STE 310 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE SCHMIER, ROBERT J NAME STREET ADDRESS 7777 GLADES RD STE 310 CLTY-ST-ZIP BOCA RATON, FL U00000734889 05/10/07-80011-017 158.75 CFOS TITLE FEURRING, DOUGLAS R NAME STREET ADDRESS 7777 GLADES RD STE 310 CITY-ST-ZIP BOCA RATON, FL TITLE LOPEZ, KATHRYN A. 7777 GLADES RD STE 310 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL IN THIS SPACE TITLE SCHMIER, BRIAN S NAME STREET ADDRESS 7777 GLADES ROAD, SUITE 310 BOÇA RATON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is fue 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 employered 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 applicable, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 4 2007

Daytime Phone #