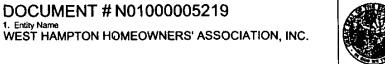
2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90040 009 ****61.25

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GREENACRE PROPERTIES, INC. GRE 4131 GUNN HWY 413 TAMPA, FL 33618 TAM		GREENAI 4131 GU	ailing Address REENACRE PROPERTIES, INC 131 GUNN HWY AMPA, FL 33618 Mailing Address		, .					
		3. Mailing								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.		01042008	Chg-NP	CR2E0	37 (12/06)		
City & State Cit		City &	y & State		4. FEI Numbe 04-3679				oplied For ot Applicable	
Zip	Country	Zip		Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	fitional
_	8. Name and Address of Current	Registered A	gent			7. Name and	Address of New F	legistered .	Agent	
			· · ·		Name				-	
FRISCIA, FRANCIS E 500 N WESTSHORE BLVD STE 830 TAMPA, FL 33609			Street Addre	ss (P.O. Box Numbe	r is Not Acceptable	e)				
•				-	City				Zip Cod	<u> </u>
	· <u></u>							FL	• '	
the obligat	e named entity submits this statement fitions of registered agent. Signature, typed or printed name of registered agent.		-			istered agent, or bot	h, in the State of Fi	orida. I am	familiar with,	and accept
_										
Filing Fee is \$61.25 Due by May 1, 2008		!	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Bo Added to Fees	Fio	ida Depar	c payable to tment of S	täté	
10.	OFFICERS AND D	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE			
TITLE	D		☐ Delete	TITLE	1				☐ Change	Addition
NAME	WELCH, SCOTT			NAME		Mor	TD gan, Matt		□ ouerige	Addition
STREET ADDRESS	12918 FRAMINGHAM CT				ADDRESS	1270	2 Stanwyck			
CITY-ST-ZIP	TAMPA, FL 33626			CITY-S	i i	Tampa	, FL 33626			
	TD TD		7-	╂—						
TITLE		_	Delete	TITLE	1				Change	Addition
NAME STREET ADDRESS	SCHMUKER, TIM	•		NAME						
CITY-ST-ZIP	12832 STANWYCK CIR				ADORESS					
	TAMPA, FL 33626		· <u>·</u>	CITY-S	SI-ZIP					
TITLE	PD		Delete	TITLE					Change	☐ Addition
NAME	LAMPERT, MICHELLE			NAME		-v .				-
STREET ADDRESS	12807 CASTLEMAINE DRIVE				T ADDDCCC					
CITY-ST-ZIP	74454 51 00000			STREET						
	TAMPA, FL 33626			CITY-S						
TITLE	VD		☐ Delete				·—-		☐ Change	Addition
NAME	VD COOPER, ROGER		☐ Delete	CITY-S TITLE NAME	ST - ZIP		·		☐ Change	Addition
NAME STREET ADDRESS	VD COOPER, ROGER 12929 CASTLEMAINE		☐ Delete	CITY-S TITLE NAME STREET	ST-ZIP T ADORESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, ROGER 12929 CASTLEMAINE TAMPA, FL 33626			CITY-S TITLE NAME STREET CITY-S	ST-ZIP T ADORESS					
NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, ROGER 12929 CASTLEMAINE TAMPA, FL 33626 SD		Delete	CITY-S TITLE NAME STREET CITY-S TITLE	I ADORESS 51-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD COOPER, ROGER 12929 CASTLEMAINE TAMPA, FL 33626 SD BLACKWELDER, BETH			CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADORESS ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD COOPER, ROGER 12929 CASTLEMAINE TAMPA, FL 33626 SD BLACKWELDER, BETH 12604 STANWYCK CIR			CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADORESS T ADORESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, ROGER 12929 CASTLEMAINE TAMPA, FL 33626 SD BLACKWELDER, BETH		□ Deleta	CITY-S TETLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	T ADORESS T ADORESS				☐ Change	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mathume AND TYPED OF PRETTY MADE OF PRETTY M

Madel Type OF PRINTED HAVE OF ANGHING OFFICER OR DIRECTOR

Daytime Phone #