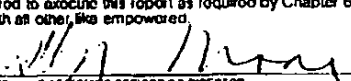


FILED
Jul 31, 2007 8:00 am
Secretary of State

66020681

DOCUMENT # P06000056861 1. Entity Name DSM REAL PROPERTY ENTERPRISES, INC. 		05-16-2007 90020 049 ***150.00 66020681 										
Principal Place of Business 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431 Mailing Address 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431		1st MOORE CR2E034 (10/06) 4. FEI Number 35-230 3909 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country		6. Name and Address of Current Registered Agent SICKLES, BARRY M. ESQ. 3300 UNIVERSITY DR., STE. 210 CORAL SPRINGS FL 33065 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code										
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____												
FILE NOW!!! FEE: \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:48%; vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete DP NORDSTROM-MOORE, DOREEN 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431 </td><td style="width:48%; vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition </td></tr><tr><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete DV MOORE, STEPHEN 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431 </td><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition </td></tr><tr><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete </td><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition </td></tr><tr><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete </td><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition </td></tr><tr><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete </td><td style="vertical-align: top;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition </td></tr></table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete DP NORDSTROM-MOORE, DOREEN 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete DV MOORE, STEPHEN 2950 OLIVEWOOD TERRACE, #108 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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 Section 119, 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 trustee empowered 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 address, with all other like empowered.												
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  April 26, 2007 Date Page 1 of 1												