2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000072583 Jan 29, 2007 08:00 AM **Secretary of State** PALM BAY PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 721 DOBBINS ST. WEST PALM BEACH FL 33405-2831 721 DOBBINS ST. WEST PALM BEACH FL 33405-2831 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0363872 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARZKOPF, HENNING Street Address (P.O. Box Number is Not Acceptable) 4152 BATTERSEA RD. **MIAMI FL 33133** City Zıp Code 8. The above named ontity 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE Defete ☐ Change ☐ Addilion TATLE LEISCHWITZ, DIETER NAMI NAME U00000610748 721 DOBBINS ST. STREET ADDRESS STRUET ADDRESS 02/02/07-80033-019 150.00 WEST PALM BEACH FL 33405-2831 CITY-S1-7IP CITY+ST-7IP Defete ☐ Change Addition LEISCHWITZ, URSULA NAMI 721 DOBBINS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405-2831 CHY-SI-7P ☐ Change Delete ☐ Addition HIII THEF NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-702 IIIII Defete ☐ Addition NAMI NAMI. STREET ADDRESS STREET ADDRESS CDY+S1-7/P CHY-SI-7IP HIU. ☐ Deteto ☐ Change Addition NAME NAME STREET LADDRESS STREEL ADDRESS CITY-ST-7IP CITY+ST-7IP HILE Change Delete 1011 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes | 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 eath; 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.

(Vice President)

1/26/07