2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 03, 2007 08:00 A Secretary of State **DOCUMENT # 148029** 1. Entity Name CAPITAL SQUARE BUILDING INC. Principal Place of Business Mailing Address 700 N CALHOUN ST 700 N CALHOUN ST SUITE B-4 SUITE B-4 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 CR2E034 (11/05) 04292007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0551288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOANOS, PAUL E DO NOT WRITE 3120 FIELDSTONE LN. TALLAHASSEE, FL 32308 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) DATE \$5.00 May Be 9. Election Campaign Financing U00000759943 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 05/24/07-80063-006 150.00 OFFICERS AND DIRECTORS 10. TITLE JOANOS, KALLIOPES. MAME **626 VONCILE AVENUE** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE JOANOS, PAUL E. NAME STREET ADDRESS 3120 FIELDSTONE LANE CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE KYPRROS, STANLEY T NAME STREET ADDRESS 1500 S. MERIDIAN ST DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL 32302 IN THIS SPACE TITLE JOANOS, STAMATIA NAME 1417 GOODWOOD COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP