2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 01, 2008 08:00 AN Secretary of State **DOCUMENT # 485226** 1. Entity Name ALEXANDER PROPERTIES, INC. Principal Place of Business Mailing Address 327 SUNSET ROAD 327 SUNSET ROAD FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-1624032 Not Applicable Z_{10} Country Z_{iO} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 327 SUNSET RD. FROSTPROOF FL 33843 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, speed or princed learnered rent threed greent and the Transpicable (NOTE: Registered Agent a gistrum required when reinstaurig) DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE ☐ Change Addition NAME ALEXANDER, JOHN R NAME STREET ADDRESS 327 SUNSET ROAD STREET ADDRESS CITY ST-ZIT FROSTPROOF FL CITY-ST-RP VS. Darete ☐ Change Addition TITLE TITLE ALEXANDER, SARAH J NAME U000000811651 STREET ADDRESS 327 SUNSET ROAD STREET ADDRESS 02/12/08-80014-020 150.00 CITY - SI-ZIP FROSTPROOF FL CITY-ST-7P Delete ☐ Change Addition ALEXANDER, JOHN R. NAME STREET ADDRESS STREET ADORESS 327 SUNSET ROAD CHY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL ☐ Change TREE ☐ Delete TITLE Addition NAM" ALEXANDER, SARAH J. иам 327 SUNSET ROAD STREET ADDRESS STREET ADDRESS FROSTPROOF FL CHY-SI-ZP CITY-ST-7IP Deiele THE THILE ☐ Change Addition HAME NAME STREET ADORESS STREET ADDRESS CHY-SI-2P CITY-ST-ZIE TITLE ☐ De etc THLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 call). That I am an officer or director of the corporation or the receiver or trustee emproved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the production or the receiver of trustee emproved 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 onattachn Int with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

1/23/08 863-528-1808

FILED