2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2007 8:00 am Secretary of State **DOCUMENT #521194** 04-02-2007 90108 001 ****75.00 BRINKERHOFF PROPERTY MANAGEMENT, INC. 04-02-2007 90108 002 ****75.00 Mailing Address Principal Place of Business 154 S PENINSULA DRIVE 154 S PENINSULA DRIVE DAYTONA BEACH, FL 32118-4490 DAYTONA BEACH, FL 32118-4490 66007363 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03232007 Chg-P Applied For City & State City & State 4. FEI Number 59-1712380 Not Applicable Zip Country 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 Brinkerhoff, Eric BRINKERHOFF, ERIC Street Address (P.O. Box Number is Not Acceptable) 154 S. Peninsula Dr. 3580 RODEO ACRES RD. ORMOND BEACH, FL 32174 City Daytona Beach 8. The above named entity submits this statement for typpurpose 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ST Delete TITLE Change ☐ Addition TITLE MOLTANE, STEPHEN NAME NAME 154 S. PENINSULA STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Y Change - Addition TITLE NAME BRINKERHOFF, ERIC NAME Brinkerhoff, Eric 154 S. Peninsula Dr 3580 RODEO ACRES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL CITY-ST-ZIP Da<u>ytona Beach, Fl</u> VP. ☐ Delete TITLE Change ☐ Addition TITLE NAME MOLTANE, STEPHEN NAME 154 S. PENINSULA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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. 386 258 3802 SIGNATURE:

NING OFFICER OR DIRECTOR

Davtime Phone #