2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Apr 15, 2008 8:00 am Secretary of State DOCUMENT #F29494 04-15-2008 90013 037 ***158.75 1. Entity Name IBG PROPERTIES, INC. Principal Place of Business Mailing Address 2520 SAND MINE ROAD PO BOX 725 50002638 ATT: KATHY MCDANIEL DAVENPORT, FL 33897 WINDERMERE, FL 34786-0725 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01142008 Cha-P Applied For City & State City & State 4 FEI Number 59-2086555 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOYD, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2520 SAND MINE ROAD DAVENPORT, FL 33897 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST TITLE TITLE Addition ☐ Delete Change NAME MCDANIEL, KATHY NAME STREET ADDRESS PO BOX 725 STREET ADDRESS WINDERMERE, FL 347860725 CITY-ST-ZIP CITY*ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME BERRY, JACK M JR STREET ADDRESS PO BOX 725 STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 347860725 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEVERS, DANIEL J NAME NAME 2520 SAND MINE ROAD STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33897 CITY-ST-ZIP CITY-ST-ZIP _Xoelete TITLE TITLE ☐ Change Addition MORRIS, KATHARINE B NAME NAME STREET ADDRESS 2520 SAND MINE ROAD STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33897 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 made and accurate an 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 made and accurate an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

Kathy McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 (863) 420-6699