2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #F47112 01-10-2005 90019 004 ***150.00 MEADOW WOOD PROPERTY COMPANY Principal Place of Business Mailing Address 50001122 C/O MEADOW WOOD COMPANIES C/O MEADOW WOOD COMPANIES 200 S. HOOVER BLVD., STE. 201-110 200 S. HOOVER BLVD., STE. 233-110 TAMPA, FL 33609 US TAMPA, FL 33609 2. Principal Place of Business MEADOW WOOD PLAPERTY COUPAN HEADON WOOD PROPERTY COURSE 01032005 CR2E034 (10/03) Applied For 4. FEI Number 59-2119711 Not Applicable 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 NORBOM, BENJAMIN E 200 S. HOOVER BLVD., STE 4110 SUTTE 110 TAMPA, FL 33609 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . . After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE NORBOM, BENJAMIN E NAME NAME STREET ADDRESS 200 S. HOOVER BLVD. SUITE 201-110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 00000, CITY-ST-ZIP DVP ☐ Delete Change : ☐ Addition TITLE TITLE NAME ROSENWASSER, MARC NAME 200 S. HOOVER BLUB SUITE ILO STREET ADDRESS 200 S. HOOVER BLVD. SUITE 201-110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP DS Change ☐ Delete ☐ Addition TITLE TITLE NORBOM, NELDA NAME NAME . HOOVER BLUE , SUITE 110 200 S. HOOVER BLVD. SUITE 201-110 STREET ADDRESS STREET ADDRESS City-St-7IP TAMPA, FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE T Change ☐ Addition 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 exemption stated in Section.119.07(3)(i). 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.

DUEZNEE T

FILED

Jan 10, 2005 8:00 am

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: