2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 29, 2008 8:00 am Secretary of State DOCUMENT # F76472 01-29-2008 90012 038 ***150.00 SPRINGFIELD PROPERTIES, INC. Principal Place of Business Mailing Address 4000 % HAL H KANTOR % HAL H KANTOR 215 NORTH EOLA DRIVE 215 NORTH EOLA DRIVE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-2181808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANTOR, HAL H Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO, FL 32801 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME KAMENOFF, LARRY NAME STREET ADDRESS 3295 LAKEWIEW OAKS DR STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition KAMENOFF, MARCIA NAME NAME STREET ADDRESS 3295 LAKEVIEW OAKS DR STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ 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 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 of 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 attactment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER

R DIRECTOR

SIGNATURE AND TYPE

FILED

407-832-9501