2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # F97000002152 03-19-2007 90077 013 ***150.00 **GPN INVESTMENT PROPERTIES, INC.** Principal Place of Business Mailing Address 2212 SE 14TH ST. 2212 SE 14TH ST. US OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 61-1084805 Not Applicable Zip 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 NATIVIO, GERALD Street Address (P.O. Box Number is Not Acceptable) 2212 SE 14TH ST. OCALA, FL 34471 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 Signeture, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change TITLE Delete NAME NATIVIO, GERALD P NAME 2212 SE 14TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CfTY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE WIDES, STEVEN A NAME NAME WIDES, STEVEN A STREET ADDRESS 270 W. SHORT ST STREET ADDRESS 500 SECURITY TRUST BIDG LEMNATON KY 40507 CITY-ST-ZIP LEXINGTON, KY 40507 CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TΠE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED