2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 28, 2008 8:00 am Secretary of State DOCUMENT # G63416 03-28-2008 90038 047 ***158.75 BASS PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address AUU330-13749 68TH ST. N 13744 68TH ST N WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3744 68th St Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State West Palm Blach 59-2330385 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS, JAMES Street Address (P.O. Box Number is Not Acceptable) 2098 RESTON CIR. WEST PALM BEACH, FL 33411 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TATLE ☐ Delete TITLE ☐ Change Addition BASS, JAMES NAME NAME STREET ADDRESS 2098 RESTON CIR. STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP VPT ☐ Delete TITLE ☐ Change ☐ Addition TITLE BASS, WESLEY NAME STREET ADDRESS 13744 68 ST NORTH STREET ADDRESS WEST PALM BEACH, FL 33412 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME BASS, PAUL NAME 13744 68TH STREET N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED