2008 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS CITY ST-ZIP

TITLE

NAME

FILED May 16, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # H51140 1. Entity Name 05-16-2008 90021 032 ***150.00 YOUNG & YOUNG PROPERTIES, INC. Principal Place of Business Mailing Address 3639 CORTEZ RD W 3639 CORTEZ RD W STE 104 STE 216 BRADENTON FL 34210 BRADENTON FL 34210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3639 CORTEZ RD. West Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) # 104 City & State City & State 4. FEI Number Applied For 59-2525642 Bradenton Not Applicable Ζıρ 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 OZARK, DAMIAN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVE. W **BRADENTON FL 34205** 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, typed or printed name of registered agent and title I ampicable. fNOTE Registered Agord eignature required when reinstaling? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Derete Change Addition YOUNG, CLAUDE H. NAME NAME STREET ADDRESS STREET ADDRESS 605 MONTEZUMA DR BRADENTON FL 34209 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE De-ete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS C(TY-ST-7)P CITY-ST-ZIP Derete TITLE TITLE ☐ Change Addition NAME NAME STRECT ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME STREET ADDRESS

☐ Derete

SIGNATURE: CAUDE H. YOUNG PRES 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D