SIGNATURE:

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H92808 02-17-2006 90071 013 ***150.00 BRANCH PROPERTIES, INC. Mailing Address Principal Place of Business 60017814 335 NE WATULA AVE 335 NE WATULA AVE PO BOX 940 PO BOX 940 OCALA, FL 34478-0940 US OCALA, FL 34478-0940 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-2619868 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANCH, GREG C. Street Address (P.O. Box Number is Not Acceptable) 335 NE WATULA AVE OCALA, FL 34470 Zip Code City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition Delete Change TITLE TITLE BRANCH, GREG C. NAME NAME STREET ADDRESS 335 N.E. WATULA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OÇALA, FL VPST ☐ Delete TITLE ☐ Change ■ Addition ALLEN, GREGORY S NAME NAME STREET ADDRESS 335 NE.E WATULA AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OÇALA, FL Change Addition Delete TITLE TITLE GLISSON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 3818 SE 7TH ST. CITY-ST-ZIP CITY-ST-ZIP OCALA, FL XI Change THILE □ Delete TITLE ☐ Addition DESIMONE RICHARD 10750 NE 47TH AVE. DESIMONE, RICHARD NAME NAME STREET ADDRESS 30 NEVERBEND RD STREET ADDRESS CITY-ST-ZIP ANTHONY, FL 32617 CITY-ST-7IP OCALA, FL 34471 ☐ Delete TIFLE ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change HITE UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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.

GREGORY S. ALLEN

2/6/06

FILED

Feb 17, 2006 8:00 am