2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# J35389

Entity Name: EISENHOWER PROPERTIES, INC.

Current Principal Place of Business:

C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD., STE. C-1
TAMPA, FL 336346334

New Principal Place of Business:

C/O PETER LAWRENCE COMMERCIAL RE
4710 EISENHOWER BLVD., STE. C-1
TAMPA, FL 336346334

Current Mailing Address:

C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD., STE. C-1
TAMPA, FL 336346334

New Mailing Address:

C/O PETER LAWRENCE COMMERCIAL RE
4710 EISENHOWER BLVD., STE. C-1
TAMPA, FL 336346334

FEI Number: 59-2726395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMS, ALLAN
4710 EISENHOWER BLVD
STE C1
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ABRAMS, ALLAN
Address: 4710 EISENHOWER BLVD. STE C-1
City-St-Zip: TAMPA, FL 33634

Title: STD ( ) Delete
Name: ABRAMS, ROBERTA
Address: 4710 EISENHOWER BLVD STE C-1
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: ABRAMS, ELAINE
Address: 4710 EISENHOWER BLVD. STE C-1
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete
Name: HOOVER, KRISTOPHER
Address: 4710 EISENHOWER BLVD., C-1
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: ABRAMS, ALLAN
Address: 4710 EISENHOWER BLVD. STE C-1
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ABRAMS, ELAINE
Address: 4710 EISENHOWER BLVD. STE C-1
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTOPHER M. HOOVER P 04/14/2009

Electronic Signature of Signing Officer or Director — Date