

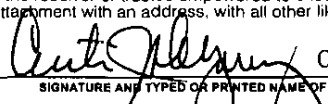


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 013 ***150.00

DOCUMENT # K12218 1. Entity Name DEYOUNG PROPERTIES, INC.					
Principal Place of Business 6409 TRACTOR ROAD SEBRING, FL 33876-5740			Mailing Address 6409 TRACTOR ROAD SEBRING, FL 33876-5740		
2. Principal Place of Business - No P.O. Box # 732 Western Blvd.		3. Mailing Address 732 Western Blvd.		<div style="font-size: 24pt; font-weight: bold;">40114638</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 05012007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Placid, FL		City & State Lake Placid, FL			
Zip 33852-2322		Country USA		4. FEI Number 59-2866452	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEYOUNG, LINDA S 6409 TRACTOR ROAD SEBRING, FL 33876-5740				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 732 Western Blvd. City Lake Placid, FL	
Zip 33852-2322		Country USA		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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYOUNG, CURTIS J 6409 TRACTOR ROAD SEBRING, FL 33876-5740		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Western Blvd. Lake Placid, FL 33852-2322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYOUNG, LINDA S 6409 TRACTOR ROAD SEBRING, FL 33876-5740		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Western Blvd. Lake Placid, FL 33852-2322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE: 			Curtis J. DeYoung, Dir.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-30-07 Daytime Phone # (863) 386-0330		