

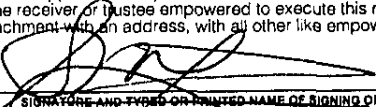


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

| | | | | | | |
|---|--|--|-----------------------------|-------------------------------|---|--|
| DOCUMENT # P00000021090 | |  | | | | |
| 1. Entity Name RENAISSANCE PROPERTY MANAGERS, INC. | | | | | | |
| Principal Place of Business 2521 S. UNIVERSITY DR. DAVIE, FL 33324 | Mailing Address 2521 S. UNIVERSITY DR. DAVIE, FL 33324 | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| | |  04152008 No Chg-P CR2E034 (11/05) | | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0990408</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number 65-0990408 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 4. FEI Number 65-0990408 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | |
| MCLENNON, SHARON 11650 NW 18TH ST. DAVIE, FL 33324 | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 <u>SHARON MCLENNON</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | | | | | |
| TITLE | P MCLENNON, SHARON A 11650 NW 18TH ST FORT LAUDERDALE, FL 33324 | DO NOT WRITE IN THIS SPACE | | | | |
| NAME | COO MCLENNON, RUDOPH 11650 NW 18TH ST FORT LAUDERDALE, FL 33324 | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/15/08 954-693-9989 <small>Date Daytime Phone #</small> | | | | |