2004 FOR PROFIT CORPORATION

May 19, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000030693** 05-19-2004 90013 002 ***158.75 ATLANTIC PROPERTIES REALTY GROUP, INC. Principal Place of Business Mailing Address 6745 MACINTOSH DR 6745 MACINTOSH DR 54054899 PLANO, TX 75023 PLANO, TX 75023 2. Principal Place of Business Mailing Address 9319 4454 S. ATLANTIC AVE Suite, Apt. #, etc 03052003 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3634398 Not Applicable \$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 MITCHELL, KAREN M Street Address (P.O. Bux Number is Not Acceptable) 4454 S ATLANTIC AVE #110 PONCE INLET, FL 32127 City 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, Tam familiar with, and accept ed Agent signature required when remaisting) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE n ☐ Detete TITLE ☐ Addition MITCHELL, KAREN M NAME NAME STREET ADDRESS 4454 S ATLANTIC AVE # 110 STREET ADDRESS CITY-ST-ZIP PONCE INLET, FL 32127 CITY-ST-ZIP ☐ Celete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAMI. STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

IG OFFICER OF DIRECTOR

FILED