- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2007 8:00 am Secretary of State DOCUMENT # P00000053610 05-11-2007 90028 024 ***150 00 SCHLITT PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business 40110928 3240 CARDINAL DR, STE 200 3240 CARDINAL DR. STE 200 ✓ VERO 3EACH, FL 32963 VERO BEACH, FL 32963 3. Mailing:Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc Suite, Apt #, etc. 05072007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 65-1012999 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHLITT., STEVEN SCHLITT, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 947 2077+ PLACE 2027 INDIAN RIVER BLVD. VERO BEACH, FL 32960 32960 BEACH 8. The above named entity submits this statement for the ptypose 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 agen (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 - 3. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 14, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. SCHLITT STEVEN R. Change TITLE TITLE ☐ Delete NAME SCHLITT, STEVEN R NAME 947 20TH PLACE STREET ADDRESS 2027 INDIAN RIVER BLVD. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CHY-ST-ZIP VERO BEACH, FL TITLE ☐ Delete TITLE GONZALEZ, LINDA SCHLITT NAME GONZALEZ, LINDA SCHLITT NAMi STREET ADDRESS 2027 INDIAN RIVER BLVD. STREET ADDRESS 20TH PLACE VERO BEACH, FL 32960 CITY - ST - ZIP CITY-ST-ZIP. BEACH 32960 ☐ Addition TITLE Delete TITLE NAME NAME 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIR TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 addiress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

772-388-6358