2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90324 044 ***150.00

DOCUMENT # P00000059408

1. Entity Name
EXCEPTIONAL FLORIDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
7912 SE DOUBLE TREE DRIVE HOBE SOUND, FL 33455	7912 SE DOUBLE TREE DRIVE HOBE SOUND, FL 33455

2. Principal Place of Business	3. Mailing Address
8390 SE Sanctuary Dr	8390 SE Sanctuary Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country:	Zip: 33455 Country:

04142005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1025399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADULA, ANDREW J 7912 SE DOUBLE TREE DRIVE HOBE SOUND, FL 33455	Name: Andrew J. Padula Street Address (P.O. Box Number is Not Acceptable): 8390 SE Sanctuary Dr. City: Hobe Sound FL Zip Code: 33455

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: [signature] DATE: 4-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST PADULA, ANDREW J 7912 SE DOUBLE TREE DRIVE HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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: [signature] Date: 4-14-05 Daytime Phone #: 561-351-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR