2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 13, 2005 08:00 AM Secretary of State DOCUMENT # P0000062378 Entity Name CINTOM PROPERTIES, INC. Principal Place of Business Mailing Address 2808 MANATEE AVENUE W. P.O. BOX 1865 BRADENTON, FL 34205 VENICE, FL 34284 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 Chg-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 65-1118054 Not Applicable Zip Country Zip Country \$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 OZARK, DAMIAN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVE. WEST OZARK & PERRON, P.A. **BRADENTON, FL 34205** City Zip Code FL 5. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVP Delete TIT! F ☐ Change Addition NAME RITZMANN, THOMAS NAME 2808 MANATEE AVE. W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY -ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition U00000366389 NAME OZARK, DAMIAN M NAME 05/13/05-80001-025 150.00 STREET ADDRESS STREET ADDRESS 2808 MANATEE AVE. W CITY-ST-ZIP BRADENTON, FL. 34205 City-St-7IP TITLE Delete TITLE Addition ☐ Change 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 trestee typowered 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 application with all other like empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #