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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P00000104089 | |  | |
| 1. Entity Name STALLONE PROPERTIES, INC. | | | |
| Principal Place of Business 22070 WOODSET WAY BOCA RATON, FL 33428 | Mailing Address 22070 WOODSET WAY BOCA RATON, FL 33428 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 03092008 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 65-1053041 | 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 | | | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD STALLONE, DIANA M 22070 WOODSET WAY BOCA RATON, FL 33428 | | |
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| 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: <u>Diana Stallone</u> | | 3-1-08 561-756-2433 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |