2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 12, 2004 08:00 AM Secretary of State **DÖCUMENT # P00000117618** 1. Entity Name PALMETTO PROPERTY CORP. Principal Place of Business Mailing Address 310 WHITFIELD AVENUE 310 WHITFIELD AVENUE SARASOTA, FL 34243 SARASOTA, FL 34243 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1074963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TAACA, DEREK DO NOT WRITE 310 WHITFIELD AVENUE SARASOTA, FL 34243 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ПАТЕ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE TAACA, DEREK NAME 310 WHITFIELD AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 UQ0000110**0**88 04/12/04-80069-013 150.m NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

MIGNATURE AND TYPES OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

4-9-04 Date