2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 08:00 AM **DOCUMENT # P01000017118 Secretary of State** CROISSANT PARK SELF STORAGE, INC. Principal Place of Business Mailing Address 200 SW 15TH ST. 200 SW 15TH ST. FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1078748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAITIS, ROBERT J ESQ DO NOT WRITE 1310 SE 3RD AVE. FT. LAUDERDALE, FL 33316 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) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPT NAME **DEMMERY, PATRICIA** STREET ADDRESS 200 SW 15TH ST. *U*00000608532 02/01/07-80011-023 158.75 CITY-SY-ZIP FT. LAUDERDALE, FL 33315 MLF DEMMERY, DONALD NAME 200 SW 15TH ST. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33315 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quality 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.

CICKIATUDE. Patricia Sargen

NAME STREET ADDRESS CITY-ST-ZIP