2005 FOR PROFIT CORPORATION

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P01000032623 1. Entity Name FLORIDA PROPERTY SALES, INC. Mailing Address Principal Place of Business 1633 E VINE ST STE 210 1633 E VINE ST STE 210 KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3710765 Not Applical 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 Name PEREZ, JOSE E. Street Address (P.O. Box Number is Not Acceptable) 2440 WINFIELD DR KISSIMMEE, FL 34743 Cdv Zip Code 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 accompanies the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apont signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change □ Add** NAME PEREZ, JOSE E NAME 2440 WINFIELD DR. STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34743 City-St-Zi2 CITY-ST-ZIP TITLE ☐ Delale TITLE ☐ Change ☐ Add% U00000361639 NAME NAME 05/05/05-80083-023 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete HILE ☐ Charge Add: NAME NAME STREET ADDRESS STREET ADDRESS CTY - ST - 219 CITY ST-ZIP TITLE ☐ Defete HILLE ☐ Change Addibit NAME NAME STREET ADORESS STREET ADDRESS CRY-ST-ZP CITY - ST-ZIP Oelete TITLE TITLE ☐ Change Add: NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP TITLE ☐ Delate HILE Addir. ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CATY-SI-ZIP 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 opporation 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 is changed, or on an attachment with an address, with all other like empowered.

TOE

SIGNATURE:

FILED

5/1/05

407-875-3/6