2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2005
Secretary of State

DOCUMENT# P01000057986

Entity Name: PROPERTY MANAGEMENT SPECIALIST INC.

Current Principal Place of Business:

9TH STREET NORTH
BOX 22429
ST. PETERSBURG, FL 33742 US

New Principal Place of Business:

Current Mailing Address:

9TH STREET NORTH
BOX 22429
ST. PETERSBURG, FL 33742 US

New Mailing Address:

FEI Number: 59-3704927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THAMER, MONA M
5200 SPRINGWOOD BLVD
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUCKLEY, JAMES M D
Address: 13602 2ND AVE NE
City-St-Zip: BRADENTON, FL 34212 US

Title: P ( ) Delete
Name: HAKKI, SAM P
Address: 504 BOUGH AVE
City-St-Zip: CLEARWATER, FL 33760

Title: T ( ) Delete
Name: THAMER, MONA T
Address: 504 BOUGH AVE
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: HALL, SCOTT
Address: 5200 SPRINGWOOD BLVD.
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HAKKI, SAM P
Address: 5200 SPRINGWOOD BLVD
City-St-Zip: PINELLAS PARK, FL 33782

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM HAKKI P 03/27/2005

Electronic Signature of Signing Officer or Director — Date