2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P01000059905** G & D INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 606 NW 43 AVENUE 606 NW 43 AVENUE COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1104109 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRETT, GAYLE DO NOT WRITE 606 NW 43 AVENUE FT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS TITLE NAME BARRETT, GAYLE STREET ADDRESS 606 NW 43 AVENUE COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE MAERKI, DAWN NAME STREET ADDRESS **606 NW 43 AVENUE** CITY-ST-ZIP COCONUT CREEK, FL 33066 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR