2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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SIGNATURE:

Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # P02000040250 1. Entity Name CORPORATE PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 600 FAIRWAY DRIVE 600 FAIRWAY DRIVE SUITE 104 SUITE 104 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 48-1254888 Not Applicabl Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONALD, CRAIG P Street Address (P.O. Box Number is Not Acceptable) 600 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH FL 33441 City 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 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 NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. HILE ☐ Delete TITLE ☐ Change Addition U00000213076 02/03/05-80055-015 150.00 MCDONALD, CRAIG P NAME NAME STREET ADDRESS STREET ADDRESS 600 FAIRWAY DRIVE, STE. 104 DEERFIELD BEACH FL 33441 CRY-ST-ZIP CITY, ST. 7IP ☐ Change Delete ☐ Addition THILL TITLE MCDONALD, DAWN M NAME MAM STREET ADDRESS 600 FAIRWAY DRIVE, STE. 104 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 City-S1-7/P Change ☐ Addition DILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7P TITLE TET: F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST- 7IP HILE ☐ Delete ULFE ☐ Change ☐ Addition NAME NAME CIREFT ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-7IP DILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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 in the result 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 in the receiver of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 in the receiver of the

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