2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 08:00 AM DOCUMENT # P02000040250 **Secretary of State** 1. Entity Name CORPORATE PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 600 FAIRWAY DRIVE 600 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH FL 33441 SUITE 104 DEERFIELD BEACH FL 33441 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 48-1254888 Not Applicable Zho Country 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 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 Synature, typed or printed name of registered agent and fills if applicable (NOTE: Registored Agent signature corpored when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be . After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ta. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTALE ☐ Detete TITLE ☐ Change ☐ Addiii MCDONALD, CRAIG P NAME NAME 800000438**36**3 03/01/06-90003-006 **150.0**0 STREET ADDRESS 800 FAIRWAY DRIVE, STE. 104 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-7th TITLE ☐ Dejete TITLE ☐ Change ☐ Accitio NAME MCDONALD, DAWN M NAME STREET ADDRESS 800 FAIRWAY DRIVE, STE, 104 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE ☐ Delete mu ☐ Change □ Marin NAME NAME STREET ADDRESS STREET ADDRESS CKTY-ST-ZNP CITY-SI-ZIP TITLE ☐ Defete une ☐ Change □ 86.88 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Defete ☐ Change [] Addiii NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-Z02 CITY-ST- NO ☐ Defete TITLE T171 F Change □ AN‴ 3MAM STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 direction of the corporation or the report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an all accurate with an address, with all other like empowered.

SIGNATURE: