2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000072256

Entity Name: BOWER PROPERTY MANAGEMENT, INC.

FILED Jun 28, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

7491 N. FEDERAL HWY. 301 W. ATLANTIC AVE

SUITE C5-120 SUITE #5

POMPANO, FL 33069 DELRAY BEACH, FL 33444 US

Current Mailing Address: New Mailing Address:

7491 N. FEDERAL HWY. 7168 SKYLINE DR

SUITE C5-120 DELRAY BEACH, FL 33446 US POMPANO, FL 33069 US

FEI Number: 04-6708070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BOWER, WILLIAM JR BOWER, WILLIAM 1461 S ÁNDREWS AVENUE #B 7168 SKÝLINE DR

POMPANO, FL 33069 DELRAY BEACH, FL 33446 US

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: WILLIAM BOWER 06/28/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BOWER, WILLIAM JR BOWER, WILLIAM Name: Name: 839 BERKELEY ST Address: 7168 SKYLINE DR Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: DELRAY BEACH, FL 33446

() Delete Title: Title: (X) Change () Addition

Name: BOWER, SUZANNE Name: BOWER, SUZANNE 1591 ESTUARY TRAIL Address: 1460 ESTUARY TRAIL Address: DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 City-St-Zip: 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: WILLIAM BOWER D 06/28/2005