2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 21, 2008 08:00 Al Secretary of State **DOCUMENT # P02000078486** 1. Entity Name WESTLAKE PROPERTY GROUP, INC. Principal Place of Business Mailing Address 114 BAYTREE CT 114 BAYTREE CT. WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E034 (11/05) 04182008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 48-1266352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAN, AN H DO NOT WRITE 114 BAYTREE CT. WINTER SPRINGS, FL 32708 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 000000909959 05/06/08-80091-007 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE TRAN, AN H NAME 114 BAYTREE CT STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 THLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filting 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:

THEF NAME STREET ADDRESS CITY-ST-ZIP