
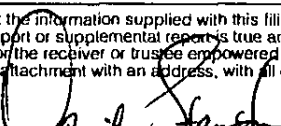


**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P02000078807</b> 1. Entity Name <b>STANTON PROPERTIES, INC.</b></div><div style="text-align: center;"></div></div>		<div style="display: flex; justify-content: space-between;"><div><b>Mar 21, 2008</b></div><div><b>Secretary of State</b></div></div>																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>29443 ALLEGRO DR WESLEY CHAPEL, FL 33543</b></div><div>Mailing Address <b>29443 ALLEGRO DR WESLEY CHAPEL, FL 33543</b></div></div>		<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">Barcode</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>03092008</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number <b>35-2175173</b></td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>		4. FEI Number <b>35-2175173</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																					
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<div style="border: 1px solid black; padding: 5px;"><b>6. Name and Address of Current Registered Agent</b>  <b>READ, BARBARA A C/O READ BOOKKEEPING &amp; TAX SVC, INC. 2215 N HERCULES AVE CLEARWATER, FL 33763</b></div>		DO NOT WRITE IN THIS SPACE																																									
<div style="border: 1px solid black; padding: 5px;"><b>8.</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div>																																											
<div style="border: 1px solid black; padding: 5px;"><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b></div>		<div style="border: 1px solid black; padding: 5px;"><b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div>																																									
<div style="border: 1px solid black; padding: 5px;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;">TITLE</td><td>DPST</td></tr><tr><td>NAME</td><td>STANTON, DAVID C</td></tr><tr><td>STREET ADDRESS</td><td>29443 ALLEGRO DR</td></tr><tr><td>CITY-ST-ZIP</td><td>WESLEY CHAPEL, FL 33543</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table></div>		TITLE	DPST	NAME	STANTON, DAVID C	STREET ADDRESS	29443 ALLEGRO DR	CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="border: 1px solid black; padding: 10px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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<div style="border: 1px solid black; padding: 5px;"><b>12.</b> 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.  <div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> </div><div><b>Date:</b> <b>3/20/08</b></div></div><div style="display: flex; justify-content: space-between; font-size: 10px;"><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div></div>																																											