2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000126814** 02-12-2004 90005 032 ***150.00 BINGEMANN REALTY SALES, INC. Principal Place of Business Mailing Address 44010569 143 SOUTH ROSCOE BOULEVARD 143 SOUTH ROSCOE BOULEVARD PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address 822 Highway A1A North 822 Highway AJA North 01172004 CR2E034 (10/03) Sinte 103 Chg-P Suite 4. FEI Number Applied For onte Vedra Beach 14-1863868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32082 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, GLENN K 353 EAST FORSYTH STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME BINGEMANN, PAM Bingemann, Christopher D. NAME STREET ADDRESS 143 SOUTH ROSCOE BOULEVARD STREET ADDRESS 822 High way AIA NORTH, Ste. 103 PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP Porte Vedra Beach, FL 32082 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental export 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 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND T ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED