2007 FOR PROFIT CORPORATION

FILED Apr 12, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P02000127440 FOURAKER PROPERTIES COMPANY Principal Place of Business Mailing Address **428 WALNUT ST 428 WALNUT ST** GREEN COVE SPRINGS, FL 32073 GREEN COVE SPRINGS, FL 32073 02252007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 03-0495948 Not Applicable \$8.75 Additional March & Commence of the configuration will be a second of the configuration of the configurat 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DUVAL, STEPHEN J DO NOT WRITE **428 WALNUT ST** GREEN COVE SPRINGS, FL 32073 IN THIS SPACE grand and the first to be made and the first transfer the grand by the median color of the co 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000702097 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/20/07-80085-007 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 The first the second control of any neighbors and control on the first the f 10. OFFICERS AND DIRECTORS TITLE NAME FOURAKER, CAMELIA J STREET ADDRESS 1007 HOLLY LN The order of the state of the s CITY-ST-ZIP JACKSONVILLE, FL 32203 The first the stage and sufficiently being in the first of the surface of the TITLE State Bart field the fitting a chief of which you have been got one NAME STREET ADDRESS Philips of the to the state of CITY-ST-ZIP The property of the second TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE the fit there is a first the first of the first the first the second STREET ADDRESS

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

CITY-ST-7IP TITLE NAME STREET ADDRESS

Daytime Phone #